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.

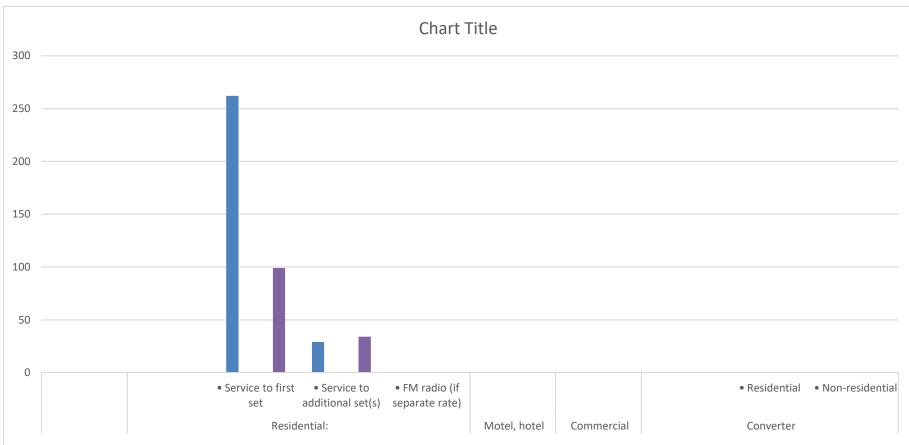
SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.	
General instructions are located in the first tab of this workbook.	7/14/22		For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	

Accounting period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting period pata Filing Period (optional - see instructions) Sarcodo Data Filing Period (optional - see instructions) B Instructions: Sarcodo Data Filing Period (optional - see instructions) B Diverter Milling Iname of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate the of the subsidiary, not that of the parent corporation. Ust 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 stratement of account and onyolay fee parenet coreoring the entire accounting period. Image: December 201 December 201 Image: December 201 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Farmers Cooperative Tolophone Company EUSINEESS NAME(S) OF OWNER OF CABLE SYSTEM PO Box 280 Multive outle, septement, or submit number: Dyname: Image: January 1, January 1, January 2, give the mailing address of the system, if different from the address given in space B 1 DENTIFICATION OF CABLE SYSTEM: 2 Multive ADDRESS OF CABLE SYSTEM: 2 Multive ADDRESS OF CABLE SYSTEM: 2 Multive ADDRESS OF CABLE SYSTEM: 2 <t< th=""><th>Α</th><th>ACC</th><th>DUNTING PERIOD COVERED BY THIS STATEMENT: (</th><th>YYYY/(Period))</th><th></th></t<>	Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period Instructions: B Owner Instructions: Give the full gal 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, on that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there ower 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. 342242 Check here if this is the system's first filing. If not, enter the system's iD number assigned by the Licensing Division. 342242 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Farmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Farmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM PO Boox 280 Womer, role cable, spattment, or sube number) Dysart, 1A 52224 Cover, role cable, spattment, or sube number) Dysart, 1A 52224 Cover, role acdow, appearing or sube number) Dysart, 1A 52224 Cover, role cable, system: 1 Infinite account of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 MAILING ADDRESS OF CABLE SYSTEM: 2 2 Number, steet, role mode, apathment, or sube number) Number, steet, role mode, apathment, or sube number)			2022/1 Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Period 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. 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. 342242 Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. 342242 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Farmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM PO Box 280 Number, street, fund node, spathment, or sulte number) Dysart, IA 52222 Dysart, IA 52222 System 1 IDENTIFICATION OF CABLE SYSTEM: 2 Number, street, fund node, spathment, or sulte number)			Barcode Data Filing Period (option	al - see instructions)	
B 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. Unner 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 significant of account and royalty fee payment covering the entire accounting period. If there were different owners of the cable system. 342242 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 342242 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Farmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM PO Box 280 [Number, stear, La S2224] (bay, town, stata, 20) [Convert of a S2224] (bay, town, stata, 20) [Dentification of CABLE SYSTEM PO Box 280 [Number, stear, 20] [Number, stear, 21] [Dentification of CABLE SYSTEM: [Cay, town, stata, 20] [Dentification of CABLE SYSTEM: [2] [Dentification of CABLE SYSTEM: [2] [Dentification of CABLE SYSTEM: [2] [Dentification of cABLE SYSTEM:	-				
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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 Farmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 280 (Number, street, rural route, epartment, or suite number) Dysart, IA 502 NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 DENTIFICATION OF CABLE SYSTEM: 2 [Number, street, rural route, apartment, or suite number] 2 [Number, street, rural route, apartment, or suite number] 3 [] 3	Owner		List any other name or names under which the owner conducts the business c	f the cable system.	
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 Farmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 280 INvertient, street, rurar route, apartment, or suite number) Dysart, IA 52224 Colv, toom, state, 200 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system in space B 1 IDENTIFICATION OF CABLE SYSTEM: 2 Number, street, rurar route, apartment, or suite number)				, .	
C Instruction Ins			Check here if this is the system's first filing. If not, enter the system's ID numb	er assigned by the Licensing Division.	342242
C Instruction Ins					
C Instruction Ins			LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTE	М	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 280 (Number, street, rural route, apartment, or suite number) Dysart, IA 52224 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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: 2 (Number, street, rural route, apartment, or suite number).			Farmers Cooperative Telephone Company		
PO Box 280 (Number, street, rural route, apartment, or suite number) Dysart, IA 52224 (City, town, state, zip) C System INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFEREI	NT)	
PO Box 280 (Number, street, rural route, apartment, or suite number) Dysart, IA 52224 (City, town, state, zip) C System INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)					
Image: Control of the system unless of the system unless of the system unless these names 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: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or suite number)			MAILING ADDRESS OF OWNER OF CABLE SYSTEM		
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1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)	С				
2 (Number, street, rural route, apartment, or suite number)	System	1	IDENTIFICATION OF CABLE SYSTEM:		
			MAILING ADDRESS OF CABLE SYSTEM:		
(City, town, state, zip code)		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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID							
Name	Farmers Cooperative Telephone Company	34224							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, a identified city.								
First	CITY OR TOWN Dysart	IA STATE							
Community	Clutier	in in in its in							
2									
dd Rows as Necessary									
,									



- 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 Subscriber
- 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 Subscriber
- 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 Subscriber
- 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

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:							
	Farmers Cooperative Te	elephone C	ompar	iy					34224	
_	SECONDARY TRANSMISSION									
E	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									
Secondary Transmission	about other services (including particular about other services (inc						hose exist	ing on the		
Service: Sub-	Number of Subscribers: Both						ole system	, broken		
scribers and	down by categories of secondar					•				
Rates	each category by counting the n			0,0		•		charged		
	separately for the particular serv Rate: Give the standard rate of					•	,	re and the		
	unit in which it is generally billed	-	-	•				-		
	category, but do not include disc	counts allowed	for adva	ince payment.						
	Block 1: In the left-hand block			•						
	systems most commonly provide that applies to your system. Not							0,		
	categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted o									
	Block 2: If your cable system	•								
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.		og			se nera accompa				
	BLC	OCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCRIB	EKS	RAIE	CAT	EGORT OF SEP	VICE	SUBSCRIBERS	RAI	
	Service to first set		262	98.99						
	Service to additional set(s)		29	33.99						
	• FM radio (if separate rate)		~~	55.55						
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
F	In General: Space F calls for ra	•	,		-	• •				
•	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services	•			•					
Other Than										
Secondary	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.									
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Nates	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) descrip	ption and inclu	de the ra	ite for each.						
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RATI	
	Continuing Services:		Installa	tion: Non-res	idential					
	• Pay cable		• Mot	el, hotel						
	 Pay cable—add'l channel 		• Cor	nmercial						
	Fire protection		• Pay	cable						
			• Pay	cable-add'l ch	annel					
	 Burglar protection 		1						r	
	•Burglar protection Installation: Residential		• Fire	protection						
	° .	30.00		protection glar protection						
	Installation: Residential	30.00 30.00	• Bur							
	Installation: Residential • First set		• Bur Other s	glar protection		15.00				
	Installation: Residential • First set • Additional set(s)		• Bur Other s • Rec	glar protection		15.00				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec • Disc	glar protection ervices: onnect		15.00 30.00				

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE 34				
	Farmers Cooperative Telephone Company							
	PRIMARY TRANSMITTERS							
G Primary ransmitters: Television	carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat	d also in space I, if the station was carried tion concerning substitute basis stations, s	 (1) stations carried only on a partie carriage of certain network programes of certain network programes (2) and (4))]; and (2) certain states of the system on a substitute basis and all see page (v) of the general instruction. 	-time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other stions.				
 Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KGAN	2	N	Cedar Rapids				
	KGAN 2.1	330	N-M	Cedar Rapids				
Rows as Necessary	KGAN 2.2	331	N-M	Cedar Rapids				
	KGAN 2.3	332	N-M	Cedar Rapids				
	KWWL	7	N	WATERLOO				
	KWWL 7.1	340	N-M	WATERLOO				
	KWWL 7.2	342	N-M	WATERLOO				
	KWWL 7.3	343	N-M	WATERLOO				
	KWWL 7.4	344	N-M	WATERLOO				
	KWWL 7.5	345	N-M	WATERLOO				
	KCRG	9	Ν	Cedar Rapids				
	KCRG 9.1	351	N-M	Cedar Rapids				
	KCRG 9.2	352	N-M	Cedar Rapids				
	KCRG 9.3	353	N-M	Cedar Rapids				
	IPTV	11	E	DES MOINES				
				DES MOINES				
	IPTV PBS HD	360	E-M					
	IPTV PBS HD IPTV 11.2	360 362	E-M	DES MOINES				
	IPTV 11.2			DES MOINES				
	IPTV 11.2 IPTV 11.3	362 363	E-M E-M	DES MOINES DES MOINES				
	IPTV 11.2 IPTV 11.3 IPTV 11.4	362	E-M	DES MOINES DES MOINES DES MOINES				
	IPTV 11.2 IPTV 11.3 IPTV 11.4 KPXR 48	362 363 364 4	E-M E-M E-M I	DES MOINES DES MOINES DES MOINES CEdar Rapids				
	IPTV 11.2 IPTV 11.3 IPTV 11.4 KPXR 48 KPXR 48.1	362 363 364 4 371	E-M E-M E-M I I-M	DES MOINES DES MOINES DES MOINES CEdar Rapids Cedar Rapids				
	IPTV 11.2 IPTV 11.3 IPTV 11.4 KPXR 48	362 363 364 4	E-M E-M E-M I	DES MOINES DES MOINES DES MOINES CEdar Rapids				

ounting Period	: 2022/1			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM 3422					
Name	Farmers Cooperative Telephone Company								
	PRIMARY TRANSMITTERS: TELEVISION								
G	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, <i>except</i> (1) stations carried only on a part-time basis under								
Primary Fransmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis,	s in effect on June 24, 1981, permitting the l(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. ns: With respect to any distant stations ca	l(e)(2) and (4))]; and (2) certain s	tations carried on a					
	basis under specific FCC	rules, regulations, or authorizations: ere in space G—but do list it in space I (th							
	basis. For further informat Column 1: List each stati multicast stream associate "WETA-2" as the same or Column 2: Give the chan of license. For example, V Column 3: Indicate in each educational station, by en (for independent multicast For the meaning of these Column 4: Give the locat	d also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- n the form. Inel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. ch case whether the station is a network s itering the letter "N" (for network), "N-M" (f t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list the adian stations, if any, give the name of the	see page (v) of the general instru- rogram services such as HBO, E -air designation. For example, re- vision station for broadcasting over tation, an independent station, or for network multicast), "I" (for inde- r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	actions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KFXA 28.2	382	N-M	Cedar Rapids					
	KFXA 28.2 KFXA 28.3	382 383	N-M N-M	Cedar Rapids Cedar Rapids					
	KFXA 28.3	383	N-M	Cedar Rapids					
	KFXA 28.3 KFXA 28.4	383 384	N-M N-M	Cedar Rapids Cedar Rapids					

Farmers Coo			YSTEM: one Company					SYSTEM I 3422
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
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stat this by placing ive the statior	y the sys be rece it the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	it the system's he system's FM ant his point, see pa sed by the cable s ne station is licen	eadend, and (; enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain s leneral ir eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitters Radio
		-	the community with which the			0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	od: 2022/1						FOR	M SA1-2E. PAGE 5.			
News	LEGAL NAME OF OWNER OF	- CABLE SYS	TEM:					SYSTEM ID#			
Name	Farmers Cooperative	Telephon	e Company					342242			
_	SUBSTITUTE CARRIAG		AL STATEME	NT AND PROGRAM LO)G						
Substitute	In General: In space I, iden substitute basis during the s	accounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, o	authorizatio	ons. For a further			
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 										
Statement and	broadcast by a distant sta	-	in cable system	really, on a substitute ba	1313, arry 110111						
Program Log	5						YES	NO			
	Note: If your answer is "No	o," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the pro	gram			
	log in block 2.										
	2. LOG OF SUBSTITUT			ata lina. Llaa ahbraviatian		aaibla ifi	hair maanin				
	In General: List each subs				s wherever po			iy is			
				vision program ("substitute	e program") tl	nat, during	the accoun	iting			
	period, was broadcast by a										
	under certain FCC rules, r Do not use general catego										
	"NBA Basketball: 76ers vs		Mes of bask	stball. List specific progra		stample,		01			
				er "Yes." Otherwise enter '							
				asting the substitute progr			the FCC er	in			
	the case of Mexican or Ca			he community to which the community with which the				, 111			
				stem carried the substitute			ls, with the	month			
	first. Example: for May 7 g										
	to the nearest five minutes			ogram was carried by you							
	stated as "6:00–6:30 p.m."	•	a program oan		1.10 p.iii. to o	.20.00 p.m					
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	to delete under FCC rules	and regulati	ions in effect d	uring the accounting perio	od; enter the I	etter "P" if	the listed p				
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	to delete under FCC rules	and regulati mming that y	ions in effect d	uring the accounting perio	d; enter the l der FCC rules	etter "P" if and regu	the listed plations in				
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Accounting Period:	2022/1	FORM SA	A1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Farmers Cooperative Telephone Company		342242
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transment (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.	mission servic amount, se	" 3,421.18
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 \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00. Line 1. Royalty fee for accounting period	his six-month	
	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 \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K \$ 173,421.18		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K \$	73,421.18	
	5. Enter the amount from line 3	90,378.82	
	6. Subtract line 5 from line 4	83,042.36	
	7. Multiply line 6 by .005 (enter figure here)	\$	415.21
	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	\$	415.21
	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		
	Multiply line 3 by .01 S. 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, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	415.21	
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	\$	435.21
	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:	2022/1					FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM: rative Telephone Compa	any			SYSTEM ID# 342242
M Channels	to its subscribers, 1. Enter the total n system carried te 2. Enter the total n on which the cab	and (2) the cable system's t number of channels on which elevision broadcast stations number of activated channel le system carried television	total numb h the cable s broadcas			33 155
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accour		RMATION IS NEEDED (Identify an in	dividual	
for Further Information	Name	Stefanie Lorenzen			Telephone	319-476-7800
		332 Main St., PO Boo Number, street, rural route, apartr Dysart, IA 52224 City, town, state, zip)		te number)		
	Email	stefanieftc@fctd	c.coop		Fax (optional) 319-476-791	1
O Certification	 I, the undersigned (Owner of the image) (Agent control in line X (Officer in line I have examined the image) 	I, hereby certify that (Check o other than corporation or p of owner other than corpora e 1 of space B and that the o r or partner) I am an officer (e 1 of space B. he statement of account and and correct to the best of my	one, <i>but on</i> partnershi ation or p owner is no if a corpor	rtified and signed in accordance with (<i>Ily one</i> , of the boxes.) (ip) I am the owner of the cable system a artnership) I am the duly authorized ag ot a corporation or partnership; or ration) or a partner (if a partnership) of t eclare under penalty of law that all state ge, information, and belief, and are mad	as identified in line 1 of space lent of the owner of the cable he legal entity identified as o ments of fact contained here	B; or system as identified wner of the cable system
			Enter an e	/s/ Shelly Franzenburg electronic signature on the line above to o nature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed		Shelly Franzenburg al Manager		
				n held in corporation or partnership)	07/14/22	

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

NAME OF OWNER OF CABLE SYSTEM: Deers Cooperative Telephone Company 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- owing 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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions ocated in the paper SA1-2 form.	systeм IC 34224 Р
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	Special Statement Concerning Gross Receipts Exclusion
	Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
	_
x	—
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	—
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
D number	
First community served	
Accounting period	

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