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

STATEM	FNT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	 Return completed workbook by email to
		ransmissions by	DATE RECEIVED	AMOUNT	-
	-	Short Form)			<u>coplicsoa@copyright.gov</u>
				\$	For additional information, contact the U.S. Copyright
General instru			07/26/2022		Office Licensing Division at (202) 707-8150.
in the first tab	o of thi	s workbook.		ALLOCATION NUMBER	(202) 707-0730.
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	
		2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent c		liary of another corporation, give the full corpo	orate title
Owner		List any other name or names under whic	the owner conducts the business of th	ne cable system	
		If there were different owners during the single statement of account and royalty f		he last day of the accounting period should su ing period.	bmit a
	-	Check here if this is the system's first filin	g If not enter the system's ID number :	assigned by the Licensing Division	62357
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		Lost Nation Elwood Telephone Co			
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)	1	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 97, 304 Long Ave			
		(Number, street, rural route, apartment, or suite n	iumber)		
		(City, town, state, zip)			
С		es already appear in space B. In line		ntify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM: 62357			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	PO Box 97			
	2	(Number, street, rural route, apartment, or suite n Lost Nation IA 52254	umber)		
		(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
Name	Lost Nation Elwood Telephone Co	62
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including sing ist will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	e home parks should be reported in parentheses below the
-	CITY OR TOWN	STATE IA
First Community	Elwood	IA
	Oxford Junction	IA
dd Rows as Necessary		

							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				SYS	
	Lost Nation Elwood Tel	ephone Co						6235
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBERS AND	RATES				
E	In General: The information in s	pace E should	l cover all categorie	s of seconda	ry transmission	service of	the cable	
0	system, that is, the retransmission							
Secondary Transmission	about other services (including particular about other services (including particular about the second particular					those exis	ting on the	
Service: Sub-	Number of Subscribers: Bot					ble systen	n, broken	
scribers and	down by categories of secondar		•		•			
Rates	each category by counting the n						s charged	
	separately for the particular serv Rate: Give the standard rate of				•	,	ge and the	
	unit in which it is generally billed							
	category, but do not include disc	counts allowed	for advance payme	nt.				
	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 of							
	Block 2: If your cable system	•						
	printed in block 1 (for example, t with the number of subscribers a							
	sufficient.		e fight hand block.					
	BL	DCK 1				BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRIB	ERS RATE	CAT	EGORT OF SER	VICE	SUBSCRIBERS	RA
	Service to first set		321 36.9	5				
	Service to additional set(s)		021 00.0					
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISSIONS: RA	TES				
F	In General: Space F calls for ra	te (not subscril	ber) information witl	n respect to a	Ill your cable sys	stem's ser	vices that were	
Г	not covered in space E, that is, t							
Services	service for a single fee. There al 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				-		-	
ransmissions:	Block 1: Give the standard rat		•				•	
Rates	Block 2: List any services that listed in block 1 and for which a	• •		-	-	-		
	brief (two- or three-word) descrip		-					
	, , ,	BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	FRVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	TUTE	Installation: Non-		TUTE	O, TEO		
	• Pay cable		Motel, hotel					
			Commercial					
	Pay cable—add'l channel							
			 Pay cable 					
	• Pay cable—add'l channel		• Pay cable • Pay cable-add'	channel				
	Pay cable—add'l channel Fire protection		-	channel				
	 Pay cable—add'l channel Fire protection Burglar protection 	20.00	• Pay cable-add'					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	20.00 50.00	 Pay cable-add' Fire protection 					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		 Pay cable-add' Fire protection Burglar protect 		20.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		 Pay cable-add' Fire protection Burglar protect Other services: 		20.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Pay cable-add' Fire protection Burglar protect Other services: Reconnect 	on	20.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM
Name	Lost Nation Elwood				623
	PRIMARY TRANSMITTERS:	•			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each statioo multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carri on concerning substitute basis station on's call sign. <i>Do not</i> report origination of with a station according to its over-t	ept (1) stations carried the carriage of certai 5.61(e)(2) and (4))]; ar carried by your cable (the Special Statement ied both on a substitu- is, see page (v) of the in program services su- the-air designation. Fr elevision station for bro- rk station, an independ (" (for network multicaa), or "E-M" (for noncon- tructions in the paper ist the community to w	I only on a part-time basis u in network programs [sectio d (2) certain stations carrie system on a substitute pro- nt and Program Log)—if the te basis and also on some general instructions. ch as HBO, ESPN, etc. Ide or example, report multistre badcasting over the air in its dent station, or a noncomm st), "I" (for independent), "I- mercial educational multica SA1-2 form. /hich the station is licensed	inder ns d on a gram other ntify each am s community ercial M" ast). by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF	STATION	4. LOCATION OF STATION
	KGAN	2. B CAST CHANNEL NOMBER	N S. TIPE OF	Cedar Ra	
	WHBF	4	N	Rock Isla	•
d Rows as Necessary	KFXA	28	N	Cedar Ra	
J KUWS as Necesse. ,	KWQC	6	N	Bettendo	•
	KWWL	7.1	N	Waterloo	·
	WQAD	8	N	Moline II	
	KCRG	9.1	N	Cedar Ra	
	KChO	5.1	IN		plus iA
	םו וע	10	NI	Davenno	r+ 1A
	KLIB KGCW	18	N	Davenpo Cedar Ba	
	KGCW	26	N	Cedar Ra	pids IA
	KGCW IPTV 11.1	26 12	N E	Cedar Ra Johnston	pids IA IA
	KGCW IPTV 11.1 KPXR	26 12 48	N E N	Cedar Ra Johnston Cedar Ra	pids IA IA pids IA
	KGCW IPTV 11.1 KPXR KGANDT 2.2	26 12 48 2-2	N E N N-M	Cedar Ra Johnston Cedar Ra Cedar Ra	pids IA IA pids IA pids IA
	KGCW IPTV 11.1 KPXR KGANDT 2.2 KGANDT 2.3	26 12 48 2-2 2-3	N E N N-M N-M	Cedar Ra Johnston Cedar Ra Cedar Ra Cedar Ra	pids IA IA pids IA pids IA pids IA
	KGCW IPTV 11.1 KPXR KGANDT 2.2 KGANDT 2.3 KFXB 40	26 12 48 2-2 2-3 40	N E N N-M N-M	Cedar Ra Johnston Cedar Ra Cedar Ra Cedar Ra Dubuque	pids IA IA pids IA pids IA pids IA
	KGCW IPTV 11.1 KPXR KGANDT 2.2 KGANDT 2.3 KFXB 40 KPXR 48.1	26 12 48 2-2 2-3 40 48-1	N E N N-M N N N-M	Cedar Ra Johnston Cedar Ra Cedar Ra Cedar Ra Dubuque Cedar Ra	pids IA IA pids IA pids IA iIA iIA
	KGCW IPTV 11.1 KPXR KGANDT 2.2 KGANDT 2.3 KFXB 40 KPXR 48.1 KPXR 48.2	26 12 48 2-2 2-3 40 48-1 48-2	N E N-M N-M N-M N-M N-M	Cedar Ra Johnston Cedar Ra Cedar Ra Dubuque Cedar Ra Cedar Ra Cedar Ra	pids IA IA pids IA pids IA e IA pids IA pids IA
	KGCW IPTV 11.1 KPXR KGANDT 2.2 KGANDT 2.3 KFXB 40 KPXR 48.1 KPXR 48.2 KPXR 48.3	26 12 48 2-2 2-3 40 40 48-1 48-2 48-3	N E N N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Ra Johnston Cedar Ra Cedar Ra Dubuque Cedar Ra Cedar Ra Cedar Ra	pids IA IA pids IA pids IA i IA pids IA pids IA pids IA
	KGCW IPTV 11.1 KPXR KGANDT 2.2 KGANDT 2.3 KFXB 40 KPXR 48.1 KPXR 48.2 KPXR 48.3 KWWLDT 7.2	26 12 48 2-2 2-3 40 48-1 48-2 48-3 2-Jul	N E N N-M	Cedar Ra Johnston Cedar Ra Cedar Ra Dubuque Cedar Ra Cedar Ra Cedar Ra Cedar Ra Waterloo	pids IA IA pids IA pids IA pids IA i IA pids IA pids IA pids IA
	KGCW IPTV 11.1 KPXR KGANDT 2.2 KGANDT 2.3 KFXB 40 KPXR 48.1 KPXR 48.2 KPXR 48.3 KWWLDT 7.2 KWWLDT 7.3	26 12 48 2-2 2-3 40 48-1 48-2 48-3 2-Jul 7-3	N E N N-M	Cedar Ra Johnston Cedar Ra Cedar Ra Dubuque Cedar Ra Cedar Ra Cedar Ra Cedar Ra Waterloo	pids IA IA pids IA pids IA pids IA pids IA pids IA pids IA pids IA
	KGCW IPTV 11.1 KPXR KGANDT 2.2 KGANDT 2.3 KFXB 40 KPXR 48.1 KPXR 48.2 KPXR 48.3 KWWLDT 7.2 KWWLDT 7.3 KWWLDT 7.4	26 12 48 2-2 2-3 40 40 48-1 48-2 48-3 2-Jul 7-3 7-4	N E N N-M	Cedar Ra Johnston Cedar Ra Cedar Ra Dubuque Cedar Ra Cedar Ra Cedar Ra Cedar Ra Waterloo Waterloo	pids IA IA pids IA pids IA pids IA pids IA pids IA pids IA pids IA pids IA
	KGCW IPTV 11.1 KPXR KGANDT 2.2 KGANDT 2.3 KFXB 40 KPXR 48.1 KPXR 48.2 KPXR 48.3 KWWLDT 7.2 KWWLDT 7.3 KWWLDT 7.4 KCRGDT 9.2	26 12 48 2-2 2-3 40 48-1 48-2 48-3 2-Jul 7-3 7-4 9-2	N E N N-M	Cedar Ra Johnston Cedar Ra Cedar Ra Dubuque Cedar Ra Cedar Ra Cedar Ra Cedar Ra Waterloo Waterloo Cedar Ra	pids IA IA IA pids IA pids IA Pids IA pids IA pids IA pids IA pids IA pids IA
	KGCW IPTV 11.1 KPXR KGANDT 2.2 KGANDT 2.3 KFXB 40 KPXR 48.1 KPXR 48.2 KPXR 48.3 KWWLDT 7.2 KWWLDT 7.3 KWWLDT 7.4	26 12 48 2-2 2-3 40 40 48-1 48-2 48-3 2-Jul 7-3 7-4	N E N N-M	Cedar Ra Johnston Cedar Ra Cedar Ra Dubuque Cedar Ra Cedar Ra Cedar Ra Cedar Ra Waterloo Waterloo	pids IA IA IA pids IA pids IA pids IA pids IA pids IA pids IA pids IA pids IA pids IA

Name	LEGAL NAME OF OWNER O	IF CABLE SYSTEM:			SYSTEM
Name	Lost Nation Elwood	Telephone Co			623
	PRIMARY TRANSMITTERS:	TELEVISION			
G	carried by your cable syste	lentify every television station (including em during the accounting period, exce	ot (1) stations carried only on a part	time basis under	
Primary	5	in effect on June 24, 1981, permitting (e)(2) and (4), or 76.63 (referring to 76.		-	
ansmitters:		as explained in the next paragraph.			
Television	1 0 /	s: With respect to any distant stations	carried by your cable system on a s	ubstitute program	
	•	rules, regulations, or authorizations:			
		re in space G—but do list it in space I (the Special Statement and Program	ι Log)—if the	
	 station was carried only or List the station here, and 	n a substitute basis. I also in space I, if the station was carri	ed both on a substitute basis and al	so on some other	
		ion concerning substitute basis station			
		on's call sign. <i>Do not</i> report origination			
		ed with a station according to its over-th	e-air designation. For example, rep	oort multistream	
	"WETA-2" as the same on		levision station for broadcasting ave	with a pix in its promover its	
		nel number the FCC assigned to the te VRC is channel 4 in Washington, D.C.	evision station for broadcasting over	r the air in its community	
		ch case whether the station is a network	station. an independent station. or	a noncommercial	
		tering the letter "N" (for network), "N-M"	•		
	(for independent multicast), "E" (for noncommercial educational),	or "E-M" (for noncommercial educa	tional multicast).	
		terms, see page (iv) of the general inst			
		on of each station. For U.S. stations, lis	•	•	
	ECO Es Massissa au Osa	adian stations, if any give the name of	the community with which the static	n is identified	
	FCC. For Mexican or Cana	adian stations, it any, give the name of	and community what which are cleare		
	FCC. For Mexican or Cana	adian stations, if any, give the name of			
			·		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF	STATION
	1. CALL SIGN KFXADT 28.1	2. B'CAST CHANNEL NUMBER 28-1	3. TYPE OF STATION	4. LOCATION OF S	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2	2. B'CAST CHANNEL NUMBER 28-1 28-2	3. TYPE OF STATION I-M	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3	3. TYPE OF STATION I-M I-M	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4	3. TYPE OF STATION I-M I-M I-M	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4 WHBFDT 4.1	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4 4-1	3. TYPE OF STATION I-M I-M I-M N-M	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Rock Island IL	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4 WHBFDT 4.1 WHBFDT 4.2	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4 4-1 4-2	3. TYPE OF STATION I-M I-M I-M N-M N-M	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Rock Island IL Rock Island IL	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4 WHBFDT 4.1 WHBFDT 4.2 WHBFDT 4.3	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4 4-1 4-2 4-3	3. TYPE OF STATION I-M I-M I-M N-M N-M N-M N-M	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Rock Island IL Rock Island IL Rock Island IL	STATION
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	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4 WHBFDT 4.1 WHBFDT 4.2 WHBFDT 4.3 WHBFDT 4.4 KWQCDT 6.3	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4 4-1 4-2 4-3 4-4 6-3	3. TYPE OF STATION I-M I-M I-M N-M N-M N-M N-M N-M N-M N-M	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Rock Island IL Rock Island IL Rock Island IL Rock Island IL Bettendorf, IA	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4 WHBFDT 4.1 WHBFDT 4.2 WHBFDT 4.3 WHBFDT 4.4 KWQCDT 6.3 KWQCDT 6.4	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4 4-1 4-2 4-3 4-4 6-3 6-4	3. TYPE OF STATION I-M I-M I-M N-M N-M N-M N-M N-M N-M N-M N	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Rock Island IL Rock Island IL Rock Island IL Rock Island IL Bettendorf, IA Bettendorf, IA	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4 WHBFDT 4.1 WHBFDT 4.2 WHBFDT 4.3 WHBFDT 4.4 KWQCDT 6.3 KWQCDT 6.4 KWQCDT 6.5	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4 4-1 4-2 4-3 4-4 6-3 6-4 6-5	3. TYPE OF STATION I-M I-M I-M N-M N-M N-M N-M N-M N-M N-M N	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Rock Island IL Rock Island IL Rock Island IL Bettendorf, IA Bettendorf, IA	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4 WHBFDT 4.1 WHBFDT 4.2 WHBFDT 4.3 WHBFDT 4.4 KWQCDT 6.3 KWQCDT 6.4 KWQCDT 6.5 KWQCDT 6.6	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4 4-1 4-2 4-3 4-4 6-3 6-4 6-5 6-6	3. TYPE OF STATION I-M I-M I-M N-M N-M N-M N-M N-M N-M N-M N	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Rock Island IL Rock Island IL Rock Island IL Rock Island IL Bettendorf, IA Bettendorf, IA Bettendorf, IA	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4 WHBFDT 4.1 WHBFDT 4.2 WHBFDT 4.3 WHBFDT 4.4 KWQCDT 6.3 KWQCDT 6.4 KWQCDT 6.5 KWQCDT 6.6 WQADDT 8.1	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4 4-1 4-2 4-3 4-4 6-3 6-4 6-5 6-6 8-1	3. TYPE OF STATION I-M I-M I-M I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Rock Island IL Rock Island IL Rock Island IL Bettendorf, IA Bettendorf, IA Bettendorf, IA Bettendorf, IA	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4 WHBFDT 4.1 WHBFDT 4.2 WHBFDT 4.3 WHBFDT 4.4 KWQCDT 6.3 KWQCDT 6.4 KWQCDT 6.5 KWQCDT 6.6 WQADDT 8.1 WQADDT 8.2	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4 4-1 4-2 4-3 4-4 6-3 6-4 6-5 6-6 8-1 8-2	3. TYPE OF STATION I-M I-M I-M I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Rock Island IL Rock Island IL Rock Island IL Rock Island IL Bettendorf, IA Bettendorf, IA Bettendorf, IA Bettendorf, IA Moline IL Moline IL	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4 WHBFDT 4.1 WHBFDT 4.2 WHBFDT 4.3 WHBFDT 4.4 KWQCDT 6.3 KWQCDT 6.4 KWQCDT 6.5 KWQCDT 6.6 WQADDT 8.1 WQADDT 8.3	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4 4-1 4-2 4-3 4-4 6-3 6-4 6-3 6-4 6-5 6-6 8-1 8-2 8-3	3. TYPE OF STATION I-M	4. LOCATION OF S Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Rock Island IL Rock Island IL Rock Island IL Rock Island IL Bettendorf, IA Bettendorf, IA Bettendorf, IA Bettendorf, IA Moline IL Moline IL	STATION
	1. CALL SIGN KFXADT 28.1 KFXADT 28.2 KFXADT 28.3 KFXADT 28.4 WHBFDT 4.1 WHBFDT 4.2 WHBFDT 4.3 WHBFDT 4.4 KWQCDT 6.3 KWQCDT 6.4 KWQCDT 6.5 KWQCDT 6.6 WQADDT 8.1 WQADDT 8.3 WQADDT 8.4	2. B'CAST CHANNEL NUMBER 28-1 28-2 28-3 28-4 4-1 4-2 4-3 4-4 6-3 6-4 6-3 6-4 6-5 6-6 8-1 8-2 8-3 8-3 8-4	3. TYPE OF STATION I-M	4. LOCATION OF 3 Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Cedar Rapids IA Rock Island IL Rock Island IL Rock Island IL Bettendorf, IA Bettendorf, IA Bettendorf, IA Bettendorf, IA Bettendorf, IA Moline IL Moline IL Moline IL	STATION
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EGAL NAME OI								SYSTEM I 623
PRIMARY TRA			arried on a separate and discr	ete basis and list	those FM sta	itions ca	rried on an	н
			nerally receivable by your cat					••
eceivable if (1) on the basis of	it is carried by monitoring, to prmation abou	y the sys be rece	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t	at the system's he system's FM ant	eadend, and (2 enna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitters Radio
•		sign of	each station carried.					
			on is AM or FM. nal was electronically process	sed by the cable	system as a s	enarate	and discrete	
ignal, indicate	this by placing	g a chec	k mark in the "S/D" column.					
			on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

counting Peric	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID
Name	Lost Nation Elwood Te							6235
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting pe	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				ne general in			
Special	During the accounting per				isis. anv noni	network tele	evision prog	ram
tatement and Program Log	broadcast by a distant sta	•		·····,, ·····	, ,		YES	× NO
	Note: If your answer is "No	o," leave the	rest of this pa	ge blank. If your answer i	s "Yes," you	nust compl	ete the proo	gram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	stitute progra ace, please a of every not a distant stati egulations, o ries like "mo . Bulls." m was broad sign of the adcast station nadian station nth and day ive "5/7."	am on a separ- add additional onnetwork tele- tion and that yo or authorization ovies" or "bask dcast live, ente station broade on's location (t ons, if any, the when your sy:	rows to the tables. vision program ("substitute our cable system substitu- ns. See page (v) of the ge etball." List specific progra- er "Yes." Otherwise enter asting the substitute prog- he community to which the community with which the stem carried the substitute ogram was carried by you	e program") t ted for the pro neral instruct am titles, for o "No." ram. e station is lid e station is id e program. U r cable syste	hat, during ogramming ions for furl example, "I censed by t entified). se numeral m. List the	the account of another ther informa Love Lucy" the FCC or, s, with the r times accur	ing station tion. or in in
	to delete under FCC rules a was substituted for program	and regulation mming that y	ons in effect d		od; enter the	etter "P" if	the listed pr	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y	ons in effect d your system w	uring the accounting period as permitted to delete und	od; enter the ler FCC rules WHE	etter "P" if	the listed pr ations in TUTE	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y	ons in effect d	uring the accounting periods as permitted to delete und	od; enter the ler FCC rules WHE	etter "P" if the sand regulation of the sand regulation of the second se	the listed pr ations in TUTE	ogram
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
Name	Lost Nation Elwood Telephone Co		62357
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 transit (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 service amount, se	2,635.32
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 \$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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	\$263,800	
	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.		52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 27115N0B		
	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		OWNER OF CABLE SYSTEM: Iwood Telephone Co				SYSTEM ID# 62357
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the other 	rs, and (2) the cable system's al number of channels on whic	total numb h the cable s broadcas	st stations		46 255
N Individual to			IER INFO	PRMATION IS NEEDED (Identify an in	dividual	
Be Contacted for Further Information	Name	Crystal Burmeister			Telephone	563-678-2470
	Address	PO Box 97, 304 Long (Number, street, rural route, apart Lost Nation IA 52254 (City, town, state, zip)	ment, or suit	te number)		
	Email	cris@Lnecomm	1.com		Fax (optional) 563-678-230	0
O Certification	 I, the undersign (Own (Ager in X (Officient I have examined 	ned, hereby certify that (Check er other than corporation or p nt of owner other than corpor line 1 of space B and that the o cer or partner) I am an officer (line 1 of space B. ed the statement of account and the, and correct to the best of m	one, <i>but on</i> partnershi ation or p owner is no if a corpor	rtified and signed in accordance with (<i>nly one</i> , of the boxes.) ip) I am the owner of the cable system a artnership) I am the duly authorized ag of 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 gent of the owner of the cable the legal entity identified as ov ements of fact contained herei	system as identified vner of the cable system
		Typed or printed	Enter sigr	/s/Jan Muhl electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/ J Jan Muhl	-	
		Title: (Title of o		al Manager/CEO 7/25/22 on held in corporation or partnership)		
		Date:			7/25/22	

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.

ounting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
at Nation Elwood Telephone Co	6235
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- 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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross 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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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
	Q Interest Assessmen
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	
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	
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 Assessmen - ys -
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	 ys
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