This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

_		Return
FOR COPYRIGH	T OFFICE USE ONLY	email to
DATE RECEIVED	AMOUNT	coplics
7/29/22	\$	For add contact Office I
	ALLOCATION NUMBER	(202) 7

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		COOPERATIVE TELEPHONE EXCHANGE						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		COOPERATIVE TELEPHONE EXCHANGE						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 425 PARKER ST PO BOX 95 (Number, street, rural route, apartment, or suite number)						
		STANHOPE, IA 50246 (City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 sulte 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.

D Area	"a separate and distinct community or municipal entity (including unir discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first communi as the "first community." Please use it as the first community on all fu	SYSTEM 63′ n. A "community" is the same as a "community unit" as defined in FCC rul necorporated communities within unincorporated areas and including single ity that you list will serve as a form of system identification hereafter know uture filings. ms, or mobile home parks should be reported in parentheses below the STATE IA IA IA
Area Served First Community	Instructions: List each separate community served by the cable system "a separate and distinct community or municipal entity (including unin discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first communit as the "first community." Please use it as the first community on all fu Note: Entities and properties such as hotels, apartments, condominiur identified city. CITY OR TOWN STANHOPE	n. A "community" is the same as a "community unit" as defined in FCC rul neorporated communities within unincorporated areas and including singlity that you list will serve as a form of system identification hereafter know uture filings. ms, or mobile home parks should be reported in parentheses below the STATE IA
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Area Served First Community	Note: Entities and properties such as hotels, apartments, condominiur identified city. CITY OR TOWN STANHOPE	ns, or mobile home parks should be reported in parentheses below the STATE IA
Served First Community	CITY OR TOWN STANHOPE	IA
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Community	STANHOPE	IA
Community	STANHOPE	IA
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Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 63194

COOPERATIVE TELEPHONE EXCHANGE

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCH	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	279	91.95			
Service to additional set(s)	418	5.00			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		•			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		PREMIUMS	
 Pay cable—add'l channel 		Commercial		НВО	17.95
Fire protection		• Pay cable		CINEMAX	12.95
•Burglar protection		Pay cable-add'l channel		SHOWTIME	17.95
Installation: Residential		Fire protection		STARZ	14.95
• First set	25.00	Burglar protection		CINEMAX + OTHER	24.95
Additional set(s)	10.00	Other services:			
• FM radio (if separate rate)		Reconnect	5.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 63194

COOPERATIVE TELEPHONE EXCHANGE

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDMI	56.1	l	DES MOINES, IA
KDMI	56.3	I-M	DES MOINES, IA
WOIDT	5.1	N	AMES/DES MOINES, IA
WOID3	5.3	N-M	AMES/DES MOINES, IA
WOID4	5.4	N-M	AMES/DES MOINES, IA
KCCIDT	8.1	N	DES MOINES, IA
KCCIDT2	8.2	N-M	DES MOINES, IA
KCCIDT3	8.3	N-M	DES MOINES, IA
IPTVDT	11.1	E	DES MOINES, IA
IPTVD2	11.2	E-M	DES MOINES, IA
IPTVD3	11.3	E-M	DES MOINES, IA
IPTVD4	11.4	E-M	DES MOINES, IA
WHODT	13.1	N	DES MOINES, IA
WHOD2	13.2	N-M	DES MOINES, IA
WHOD3	13.3	N-M	DES MOINES, IA
WHOD4	13.4	N-M	DES MOINES, IA
KDSMDT	17.1	<u>l</u>	DES MOINES, IA
KDSMDT2	17.2	I-M	DES MOINES, IA
KDSMDT3	17.3	I-M	DES MOINES, IA
KDSMDT4	17.4	I-M	DES MOINES, IA
KCWIDT	23.1	l	DES MOINES, IA
KCWID3	23.3	I-M	DES MOINES, IA
KCWID4	23.4	I-M	DES MOINES, IA
KFKPX	39.1	<u>I</u>	DES MOINES, IA

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63194 **COOPERATIVE TELEPHONE EXCHANGE** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION 39.2 **DES MOINES, IA** I-M **KFPX** 39.3 I-M DES MOINES, IA **KFPX**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

COOPERATIVE TELEPHONE EXCHANGE

63194

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	T =	I a:-	I	1	I	I o:-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	od: 2022/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF COOPERATIVE TELEF							SYSTEM ID# 63194
	COOPERATIVE TELEP	HONE E	ACHANGE					63194
 Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televi eriod, under sp	ision program, broadcast by pecific present and former F	<i>a distant</i> sta CC rules, reg	ulations, o	r authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	RNING SUBS	TITUTE CARRIAGE				
Special Statement and Program Log	 During the accounting per broadcast by a distant star Note: If your answer is "No 	tion?	·		•		YES	X NO
	log in block 2.	,		.g ,	, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,	g
	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 broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 given Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	titute progra ce, please of every no distant stat gulations, of ies like "mo Bulls." In was broas sign of the adcast station and and day we "5/7." es when the Example: a er "R" if the and regulati	am on a separ add additional onnetwork tele tion and that y or authorization ovies" or "bask dcast live, ente station broadd on's location (i ons, if any, the when your sy e substitute pro a program care listed prograr ions in effect d	rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the general and the community to which the community to which the stem carried the substitute program was carried by your ried by a system from 6:01 m was substituted for proglating the accounting period	e program") the d for the proneral instruct am titles, for each of the station is like a station is id a program. Using the cable system in the system in th	hat, during ogrammin ions for fu example, " censed by entified). se numera m. List the c:28:30 p.r	g the accoung of another information of the FCC or, als, with the retimes accurn, should be tem was required.	ting station ation. or in month rately
	was substituted for progran effect on October 19, 1976.		N SUBS					
	SI	1	E PROGRAM				CURRED	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES TO	
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CEIPTS The figure you give (gross receipts) paid in space E) during the general instructive ceipts from subscript he accounting period T: You must complet ROYALTY FEE To compute the roya cock 1, block 2, or blo if the amount of gros the general instructive As a cable system with eriod is \$52.00. ty fee for accounting st charge. Enter the a LE ROYALTY FEE BLOCK 2: unt under statutory for unt of gross receipts in the 2 from line 1	ve in this space of the accounting ions located in the accounting ions receipts in space receipts in spa	determines is system by sisystem by sisyperiod. For the paper SA dary transmistic in space P compace K is \$1 pace K is more pa	a further expl A1-2 form. ssion service(s. 7,100 but les 8,800 but les 9,800 but les 137,100 C byalty fee the	es than or equisis than \$527,6 tion. OR LESS at you must pay and 2	ay. Enter the total transmission service this amount, se \$ 16 (Amount of g) al to \$263,800 (00) y for this six-month (10) 37,100)	69,655.52 gross receipts
s: The figure you give (gross receipts) paid in space E) during the general instructive ceipts from subscribe accounting period T: You must complete To compute the royabok 1, block 2, or bloif the amount of grosif the amount of grosif the amount of grosif the general instructive as a cable system with the general instructive to the general instruction in the general instruction in the general instructive to the general ins	d to your cable set the accounting ions located in the ibers for second d	system by superiod. For the paper SA-dary transmis in space P compace K is \$1 pace K is more pac	a further expl A1-2 form. ssion service(s. 7,100 but les 8,800 but les 9,800 but les 137,100 C byalty fee the	es than or equisis than \$527,6 tion. OR LESS at you must pay and 2	al to \$263,800 of for this six-month 37,100)	69,655.52 gross receipts
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mount of gross recei	ipts from space I	Κ			\$	169,655.52	
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arge. Enter the amou	unt from line 4, s	pace Q, page	8				0.00
OYALTY FEE PAYAE	BLE FOR ACCO	DUNTING PE	RIOD. Add line	es 7 and 8 .		···· <u>\$</u>	377.56
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	nting Period (fror	m block 1, 2,	or 3, above) .		\$	377.56	
e Payable for Accour		ation on filing	fee calculatio	ns)	\$	20.00	
•	for more informa					\$	397.56
(See the instructions		ERIOD. Add	lines 2 and 3				
	Payable for Accou	•			see the instructions for more information on filing fee calculations)	Payable for Accounting Period (from block 1, 2, or 3, above)	DUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3\$

Accounting Period:	2022/1 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COOPERATIVE TELEPHONE EXCHANGE 63194
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name ROGER F. ANDERSON Telephone 515-826-3206
Information	Address 425 PARKER ST., PO BOX 95 (Number, street, rural route, apartment, or suite number) STANHOPE, IA 50246 (City, town, state, zip)
	Email cooptelx@netins.net Fax (optional) 515-826-3200
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system
	in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
	Typed or printed name: ROGER F. ANDERSON
	Title: GENERAL MANAGER (Title of official position held in corporation or partnership)
	Date: 07/25/2022

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.

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63194 **COOPERATIVE TELEPHONE EXCHANGE** 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-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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 Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 * 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address

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ID number

First community served Accounting period