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

Return completed workbook by email to:

## coplicsoa@loc.gov

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

STATEMENT OF ACCOUNT
for One of the Theorem is a low of the

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period	20221 Barcode Data Filing Period (optional - see instructions)
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
	ALPINE CABLE TELEVISION LC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 1008 (Number, street, rural route, apartment, or suite number)
	(Number, street, rural route, apartment, or suite number) ELKADER, IA 52043 (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
С	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:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	ALPINE CABLE TELEVISION LC	63237				
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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified					
Area Served	city.	···· · · · · · · · · · · · · · · · · ·				
	CITY OR TOWN	STATE				
First	GUTTENBERG	AI				
Community						
dd Rows as Necessary						
uu nows as necessary						

								FORM SA1		
Name	LEGAL NAME OF OWNER OF CA							545	TEM ID 6323	
	ALPINE CABLE TELEVISION LC									
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RAT	TES					
E	In General: The information in s	-		-						
0	system, that is, the retransmission									
Secondary Transmission	about other services (including p last day of the accounting period						those exis	ting on the		
Service: Sub-		h blocks in space E call for the number of subscribers to the cable system, broken								
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular serv Rate: Give the standard rate c							ge and the		
	unit in which it is generally billed									
	category, but do not include disc				yotandai					
	Block 1: In the left-hand block	•		•						
	systems most commonly provide							0,		
	that applies to your system. <b>Not</b> 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					,		, 0		
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A two	o- or three	e-word descript	ion of the s	service is		
		DCK 1					BLOCK	< 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE		RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	CODOCIND	LINO	IVIL	ONTE	EGORY OF SERVICE		COBCONIBEINO		
	Service to first set		42	51.95	ESSEN <sup>.</sup>		AGE	132	71.0	
	<ul> <li>Service to additional set(s)</li> </ul>				PREMIE	R PACKAG	E	106	81.0	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential								••••••	
	Non-residential								••••••	
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES						
F	In General: Space F calls for rat		,		•					
•	not covered in space E, that is, t service for a single fee. There ar						-			
Services	furnished at cost or (2) services	•						,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the									
Fransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> 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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-resid						
	• Pay cable		• Mot	tel, hotel			CINEM	AX	16.0	
	• Pay cable—add'l channel		• Cor	mmercial			НВО		18.0	
	Fire protection		• Pay	y cable			SHOW	TIME	17.0	
	•Burglar protection		-	, y cable-add'l cha	nnel		STARZ		15.0	
	Installation: Residential		• Fire	e protection						
	• First set	124.95	• Bur	glar protection						
	<ul> <li>Additional set(s)</li> </ul>			services:						
	• FM radio (if separate rate)			connect		29.00				
	• Converter			connect						
				tlet relocation					••••••	
	1						<b>.</b>			
			• Mo	ve to new addre	SS					

Accounting Period: 2	2022/1			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II						
Hamo	ALPINE CABLE TELE	EVISION LC		6323						
	PRIMARY TRANSMITTERS:	TELEVISION								
<b>G</b> Primary	carried by your cable syste FCC rules and regulations	<b>General:</b> In space G, identify every television station (including translator stations and low power television stations) rried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections .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: Television	Substitute Basis Stations	as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations:	rried by your cable system on a sub	ostitute program						
	• Do <i>not</i> list the station her station was carried <i>only</i> or	re in space G—but do list it in space I (th n a substitute basis.								
	basis. For further informati <b>Column 1:</b> List each statio	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr	see page (v) of the general instructi rogram services such as HBO, ESP	ons. N, etc. Identify each						
	"WETA-2" as the same on	d with a station according to its over-the- the form. lel number the FCC assigned to the telev								
	Column 3: Indicate in eacl	VRC is channel 4 in Washington, D.C. h case whether the station is a network s	•							
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). (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. <b>Column 4:</b> 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	4. LOCATION OF STATION							
	KCRG	9	N	CEDAR RAPIDS, IA						
	KFXA	27	I	CEDAR RAPIDS, IA						
Add Rows as Necessary	KGAN	51	N	CEDAR RAPIDS, IA						
	KPXR	47	I	CEDAR RAPIDS, IA						
	KRIN	35	E	WATERLOO, IA						
	КЖКВ	25	I	IOWA CITY, IA						
	KWWL	7	N	WATERLOO, IA						

EGAL NAME O								SYSTEM I
			L0					632
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: 10 Column 2: 5 Column 3: 11 dignal, indicate Column 4: 0	) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio state this by placing Give the station	y the sys be receint t the Co sign of e he station ion's sign g a check n's locati	I-Band FM Carriage: Under C tern whenever it is received at ved at the headend, with the s opyright Office regulations on the each station carried. In is AM or FM. nal was electronically processor k mark in the "S/D" column. on (the community to which the	the system's he ystem's FM anten his point, see page ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FCC	) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	1					C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CTN	FM		Garnavillo, IA					
	·							

Accounting Perio	d: 2022/1						FOR	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF (							SYSTEM ID#		
Name	ALPINE CABLE TELEV	ISION LC						63237		
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or a	uthorizations.	For a further		
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	<ul> <li>During the accounting period</li> </ul>				is, any nonne	twork telev	ision prograr/	n		
Program Log	broadcast by a distant stat	ion?					YES	× NO		
	<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976.	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA			7. REASON FOR					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION		
							_			
							_			
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID			
Name	ALPINE CABLE TELEVISION LC				6323			
<b>K</b> Gross Receipts	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			\$ 17 (Amount of gr	9,349.46 oss receipts)			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 t • Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	63,800				
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for th	is six-month				
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2		· · <u> </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)				
	1. Base amount under statutory formula	\$	263,800.00					
	2. Enter amount of gross receipts from space K	\$	179,349.46	-				
	3. Subtract line 2 from line 1	\$	84,450.54	<u>.</u>				
	4. Enter the amount of gross receipts from space K		. <b>\$</b>	179,349.46				
	5. Enter the amount from line 3		\$	84,450.54				
	6. Subtract line 5 from line 4		\$	94,898.92				
	7. Multiply line 6 by .005 (enter figure here)			\$	474.49			
	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		\$	474.49			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)				
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	\$	263,800.00	-				
	3. Subtract line 2 from line 1			-				
	4. Multiply line 3 by .01			-				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00				
	6. Interest charge. Enter the amount from line 4, space Q, page 8							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	. 5. and 6 .						
	FILING FEE AND TOTAL REMITTANCE DU	C						
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	474.49				
Due Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00				
			Ψ	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	494.49			
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!							

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.				
Name		WNER OF CABLE SYSTEM: : TELEVISION LC		SYSTEM ID# 63237				
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota on which the	bu must give (1) the number of channels on which the cable system carried televisi s, and (2) the cable system's total number of activated channels during the account I number of channels on which the cable d television broadcast stations	ting period.	7				
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individua about this statement of account.)	al to whom					
for Further Information	Name	MARGARET CORLETT	Telephone	(563) 245-4481				
	Address	PO BOX 1008 (Number, street, rural route, apartment, or suite number) ELKADER, IA 52043 (City, town, state, zip)						
	Email	MCORLETT@ALPINE-COMMUNICATIONS.COM Fail	x (optional					
	CERTIFICATION	This statement of account must be certified and signed in accordance with Copyrig	ht Office regulations)					
O Certification		<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> </ul>						
	(Agent	of owner other than corporation or partnership) I am the duly authorized agent of the in line 1 of space B and that the owner is not a corporation or partnership; or	he owner of the cable s	ystem as identified				
	X (Offic	e <b>r or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal in line 1 of space B.	l entity identified as owr	ner of the cable system				
		the statement of account and hereby declare under penalty of law that all statements of e, and correct to the best of my knowledge, information, and belief, and are made in go on 1001(1986)]						
		X /s/ Chris Hopp						
		Enter an electronic signature on the line above to certify t Enter signature using an "/s/ signature" (e.g., /s/ John Sm						
		Typed or printed name: CHRIS HOPP						
		Title: CHIEF OPERATING OFFICER (Title of official position held in corporation or partnership)						
		Date:	7/1/2022					

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
PINE CABLE TELEVISION LC	6323
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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Cable Worksheet		Total amount of Number of SAs rec'd Ir remittance						
			Date of remittance	Check	□ FILING FEES			
Cable ID #					Amount Initials			
Examined by		Reviewed by	Date examination completed	Allocation number				
Space A Accounting Period								
	□Janua	ry 1 - June 30, 2017		]July 1 - December 31, 2017				
	Letter	sent		Information received				
	Accep	ted		Phone call/Date/Contact				
Space B Owner								
	Letter	sent		Information received				
	Accep	ted		Phone call/Date/Contact				
Space D Area Served								
	Letter	sent		Information received				
	Accep	ted		Phone call/Date/Contact				
Space E Secondary Transission								
Service Subscribers:	Letter	sent		□Information received				
and Rates	Accep	ted		Phone call/Date/Contact				
Space G Primary Transmitters:								
Television	Letter	sent	Γ	Information received				
	Accep	ted	C	Phone call/Date/Contact				
Space H Primary Transmitters:								
Radio	Accep	ted	C	Phone call/Date/Contact				

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