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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, \$ contact the U.S. Copyright General instructions are located Office Licensing Division at: 7-2-22 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER Α ACCOUNTING 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)
		20221 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
		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) ELKADER, IA 52043
		(City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	_	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Short Form

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	ALPINE CABLE TELEVISION LC	63699					
D	separate and distinct community or municipal entity (including unincorporated	ons: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete iorated 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 ity." Please use it as the first community on all future filings.					
Area Served	city.						
	CITY OR TOWN	STATE					
First	MCGREGOR	IA					
Community	MARQUETTE	IA					
dd Rows as Necessary							
u Rows as Necessary							

								FORM SA1	TEM ID		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC										
		SION LC							6369		
Е	SECONDARY TRANSMISSION										
E	In General: The information in s system, that is, the retransmission			-							
Secondary	about other services (including p										
Transmission	last day of the accounting period	l (June 30 or E	ecembe	er 31, as the cas	e may be	e).		0			
Service: Sub- scribers and		•	blocks in space E call for the number of subscribers to the cable system, broken								
Rates	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 serv	ice at the rate	indicate	d-not the num	ber of set	s receiving ser	vice).	Ū			
	Rate: Give the standard rate c										
	unit in which it is generally billed category, but do not include disc				y standar	d rate variation	is within a	particular rate			
	Block 1: In the left-hand block	in space E, th	e form l	ists the categori							
	systems most commonly provide							0,			
	that applies to your system. Not categories, that person or entity			-		-					
	subscriber who pays extra for ca										
	first set" and would be counted of	0			· · ·			6			
	Block 2: If your cable system printed in block 1 (for example, t	-		•							
	with the number of subscribers a										
	sufficient.		-								
	BLC	DCK 1 NO. OF					BLOCH	K 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		30 51.95 ESSENTIALS PACKAGE				63	71.0			
	Service to additional set(s)	PREMIER PACKAGE				62	81.0				
	• FM radio (if separate rate)										
	Motel, hotel Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
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 Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any rat	es are ch	arged on a var	iable per-p	rogram basis,			
Fransmissions:	Block 1: Give the standard rat		he cabl	e system for eac	h of the a	applicable servi	ces listed.				
Rates	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.										
	CATEGORY OF SERVICE	BLO RATE	-	GORY OF SERV	ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE		
	Continuing Services:	TUTE		ation: Non-resid			O/(IEO				
	• Pay cable		• Mo	tel, hotel			CINEM	AX	16.0		
	• Pay cable—add'l channel		• Coi	mmercial			НВО		18.0		
	 Fire protection 		• Pay	y cable			SHOW	TIME	17.0		
	•Burglar protection		• Pay	y cable-add'l cha	nnel		STARZ		15.0		
	Installation: Residential			e protection							
	• First set	124.95		glar protection							
	Additional set(s)			services:							
	• FM radio (if separate rate)			connect		29.00					
	Converter			connect							
	1		• Ou	tlet relocation					l		
			• Mo	ve to new addre	22						

Name ALPINE CABLE TELEVISION LC 6366 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-lime basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 75.59(d)(2) and (4), 76.51(e)(2) and (4), 76.61(e)(2) and (4)); rad (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, as explained in the next paragraph. ' List the station here in space G—but do list if in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station scal 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 3: Indicate in each case whether the station is a network station, in independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast). "F (for independent, "I-M" (for independent stations in the paper SA-12 form. Column 4: Give the location of each station. For U.S. stations, list the community with which the station is licensed by the FCC. For Mexican or Can	ccounting Period: 2	2022/1			FORM SA1-2E. PAGE							
ALPINE CABLE ETELEVISION LC 6356 PRIMARY TRANSMITTERS: TELEVISION In General: Inspace G. (dentify 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)); 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, and also in space (-H to do list It in space (the Special Statement and Program Log)—If the station was carried only on a substitute basis. • Ust the station here, and also in space (-H to do list It in space (the Special Statement and Program Log). Column 3: (bit teles station's call sign. Do not report origination program services such as HBO, ESPN, i.e., Identify each multicast stream associated with a station according to two-rthe-air designation. For example, report multistream "WETA-2" as the same on the form. Column 3: (bit 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: (bit the community or 10 or stations), or 14. Not (for network), "N-M" (for network multicast), "For the meaning of these terms, see page (iV) of the general instructions in the paper SA1-2 form. Column 4: (bit we hockanon or Classified to ref. U.S. stations, list the community to which the station is identified.	Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID							
Image: Second	itanio	ALPINE CABLE TELE	EVISION LC		6369							
G carried by your cable system during the accounting period, excent (1) stations carried only on a part-line 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. Television 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 Gbuild to 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 turber 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: Ideicate in each case whether the station is a network station, an independent station, or a noncommercial deucational station, by entering the letter "NI" (for independent, "LM" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). At nows as Necessary 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KCRG 9 N CEDAR RAPIDS, IA		PRIMARY TRANSMITTERS:	TELEVISION									
Transmittires: Substitute program basis, as explained in the next paragraph. Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, are explained in the next paragraph. • 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 by thon a substitute program bears. • 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 A in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational, by entering the letter "N" (for network), "N-M" (for network multicast)." (for independent), "-M" (for independent), "-M" (for independent), "-M" Column 4: Give the location of each station. For U.S. stations, list the community to which the station is identified. At Rows as Necessary 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KCRG 9 N CEDAR RAPIDS, IA KFXA 2.7 I <t< td=""><td>-</td><td>carried by your cable syste FCC rules and regulations</td><td colspan="10">arried 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</td></t<>	-	carried by your cable syste FCC rules and regulations	arried 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									
ad Rows as Necessary • Do <i>not</i> 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 <i>only</i> on a substitute basis. • List the station here 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. <i>Do not</i> report orgination 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 multiteream "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), "If (for independent), "L-M" (for independent multicast), "E" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the pager SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is identified. 	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										
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), "1" (for independent), "I-M" (for independent stations), "E-M" (for noncommercial educational station is concommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), "For the meaning of these terms, see page (v) 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 icensed 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 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KCRG 4. MCATION OF STATION <td< td=""><td></td><td>• Do not list the station her</td><td>e in space G—but do list it in space I (th</td><td>e Special Statement and Program L</td><td>og)—if the</td></td<>		• Do not list the station her	e in space G—but do list it in space I (th	e Special Statement and Program L	og)—if the							
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 multicast), "I" (for independent), "I-M" (for independent multicast), "E" (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. the CRG 9 N CEDAR RAPIDS, IA KCRG 9 N CEDAR RAPIDS, IA KEXA 27 I CEDAR RAPIDS, IA KFXA 51 N CEDAR RAPIDS, IA KEXA 51 N CEDAR RAPIDS, IA KPXR 47 I CEDAR RAPIDS, IA KRIN 35 E WATERLOO, IA KWKB 25 I IOWA CITY, IA		basis. For further informati Column 1: List each statio	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr	see page (v) of the general instruction of the general instruction of the general instruction of the second se	ons. N, etc. Identify each							
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 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 KCRG 9 N CEDAR RAPIDS, IA KCRG 9 N CEDAR RAPIDS, IA KFXA 27 I CEDAR RAPIDS, IA KFXA 51 N CEDAR RAPIDS, IA KPXR 47 I CEDAR RAPIDS, IA KRIN 35 E WATERLOO, IA KWKB 25 I IOWA CITY, IA		"WETA-2" as the same on Column 2: Give the chann	the form. el number the FCC assigned to the telev	.								
KCRG9NCEDAR RAPIDS, IAKFXA27ICEDAR RAPIDS, IAKGAN51NCEDAR RAPIDS, IAKPXR47ICEDAR RAPIDS, IAKRIN35EWATERLOO, IAKWKB25IIOWA CITY, IA		Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	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									
KFXA27ICEDAR RAPIDS, IAKGAN51NCEDAR RAPIDS, IAKPXR47ICEDAR RAPIDS, IAKRIN35EWATERLOO, IAKWKB25IIOWA CITY, IA		1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
KGAN51NCEDAR RAPIDS, IAKPXR47ICEDAR RAPIDS, IAKRIN35EWATERLOO, IAKWKB25IIOWA CITY, IA		KCRG	9	Ν	CEDAR RAPIDS, IA							
KPXR47ICEDAR RAPIDS, IAKRIN35EWATERLOO, IAKWKB25IIOWA CITY, IA		KFXA	27	I	CEDAR RAPIDS, IA							
KRIN35EWATERLOO, IAKWKB25IIOWA CITY, IA	dd Rows as Necessary	KGAN	51	N								
KWKB 25 I IOWA CITY, IA		KPXR	47	I	CEDAR RAPIDS, IA							
		KRIN	35	Е	WATERLOO, IA							
KWWL7NWATERLOO, IAImage: Amplitude Strength of Streng		КЖКВ	25	I	IOWA CITY, IA							
		KWWL	7	N	WATERLOO. IA							
Image: Section of the section of th												

EGAL NAME O								SYSTEM II 636
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 For detailed info paper SA1-2 fo Column 1: lo Column 2: S) it is carried by monitoring, to ormation abou rm. dentify the call State whether t	y the sys be recein t the Co sign of o he static	I-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically processed	the system's he system's FM ante his point, see pag	adend, and (2 nna, during ce ge (v) of the ge) it can b ertain sta eneral in	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
ignal, indicate Column 4: O	this by placing Give the station	g a chec n's locati	k mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CTN	FM		Garnavillo, IA					
			·					
	[T					

Accounting Perio							FOR	RM SA1-2E. PAGE 5			
Name	LEGAL NAME OF OWNER OF (SYSTEM ID#			
Name	ALPINE CABLE TELEV	ISION LC						63699			
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	a <i>distant</i> statio C rules, regula	ations, or a	uthorizations.	For a further						
Carriage:	1. SPECIAL STATEMENT				gonoral moure						
Special	During the accounting peri				is, any nonne	twork telev	vision prograr	n			
Statement and Program Log	broadcast by a distant station?										
	Note: 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 substituted for programming that your system was in the substitute of 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 in the substituted for programming that your system was in the										
	effect on October 19, 1976.	UBSTITUT	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS			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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Accounting Period:	2022/1	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC	SY	STEM ID# 63699
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	124.71 s 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 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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.	63,800	
	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 th accounting period is \$52.00	is six-month	
	Line 1. Royalty fee for accounting period	\$	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,	100)	
	1. Base amount under statutory formula	-	
	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	<u>.</u>	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance 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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		s!

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN ALPINE CABLE TI	IER OF CABLE SYSTEM: ELEVISION LC				SYSTEM ID# 63699
M Channels	to its subscribers, a 1. Enter the total nu	and (2) the cable system's t umber of channels on which	otal numb h the cabl	s on which the cable system carried telev per of activated channels during the acco e	ounting period.	7
	on which the cab	umber of activated channel ole system carried television st services	n broadca			361
N Individual to Be Contacted		E CONTACTED IF FURTH out this statement of accourt		RMATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name M	IARGARET CORLET	T		Telephone	(563) 245-4481
	(N	O BOX 1008 umber, street, rural route, apartm LKADER, IA 52043 ity, town, state, zip)	nent, or suit	e number)		
	Email	MCORLETT@A	LPINE-C	COMMUNICATIONS.COM	Fax (optional	
0	CERTIFICATION (Thi	is statement of account mu	st be cert	ified and signed in accordance with Copy	right Office regulations)	
Certification	I, the undersigned, h	nereby certify that (Check on	e, <i>but onl<u></u></i>	<i>y one</i> , of the boxes.)		
				b) I am the owner of the cable system as id		
	in li	ine 1 of space B and that the	e owner is	rtnership) I am the duly authorized agent of not a corporation or partnership; or ation) or a partner (if a partnership) of the le		
	in li	ine 1 of space B.		lare under penalty of law that all statement		
	are true, complete, a [18 U.S.C., Section		v knowledg	ge, information, and belief, and are made in	good faith.	
			Х	/s/ Chris Hopp		
				electronic signature on the line above to certi ature using an "/s/ signature" (e.g., /s/ John		
		Typed or printed	name:	CHRIS HOPP		
		Title:		OPERATING OFFICER position held in corporation or partnership)		
		Date:			7/1/2022	

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

unting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
PINE CABLE TELEVISION LC	63699
 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 following 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 subscribers 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 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? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
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 Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x 0.00274 Line 3 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 \$ x - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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	Interest Assessment

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C	Cal Woi	ble rksheet	Total amount of 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	E	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 ONY)
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	
	Phone call/Date/Contact	