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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
9/20/22	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@copyright.gov

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

Α	ACCO	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		2022/1 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.						
	DMCA	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						
		Local Internet Service Company, Inc.						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		LISCO						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		1680 Hwy 1, Suite 1500 (Number, street, rural route, apartment, or suite number)						
		Fairfield, IA 52556 (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 salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
	2	MAILING ADDRESS OF CABLE SYSTEM:  (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 sufficiency of the fling, a determination that would be made by a court of law.

	I	FORM SA1-2E. F
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTE
	Local Internet Service Company, Inc.	
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including si t will serve as a form of system identification hereafter
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Fairfield	iA
Community	Libertyville	iA
Add Rows as Necessary		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Local Internet Service Company, Inc.

SYSTEM ID#

## E

### 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	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	441	95.00	Local	27	\$30/mtl
<ul> <li>Service to additional set(s)</li> </ul>	429	\$5	Expanded Basic	480	95.00
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
<ul> <li>Residential</li> </ul>					
Non-residential					
					1

## 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 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		<ul> <li>Motel, hotel</li> </ul>		100/100M Internet incl	\$79
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Local + LD Phone	\$25
Fire protection		• Pay cable			
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		<ul> <li>Fire protection</li> </ul>			
• First set	-	<ul> <li>Burglar protection</li> </ul>			
<ul> <li>Additional set(s)</li> </ul>	-	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		<ul> <li>Reconnect</li> </ul>	\$30		
Converter		<ul> <li>Disconnect</li> </ul>			
		<ul> <li>Outlet relocation</li> </ul>	ICB		
		<ul> <li>Move to new address</li> </ul>	-		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Local Internet Service Company, Inc.

PRIMARY TRANSMITTERS: TELEVISION

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
KGAN	2	N-M	Cedar Rapids, Iowa
KCRG	3	N-M	Cedar Rapids, Iowa
KPXR	4	I-M	Cedar Rapids, Iowa
KWWL	7	N-M	Waterloo, Iowa
KYOU	8	N-M	Kirksville, MO - Ottumwa, IA
KGAN-2	20	N-M	Cedar Rapids, Iowa
KCRG-2	15	N-M	Cedar Rapids, Iowa
KCRG-3	16	N-M	Cedar Rapids, Iowa
KWWL-2	17	N-M	Waterloo, Iowa
KWWL-3	19	N-M	Waterloo, Iowa
KYOU-NBC15.2	6	N-M	Ottumwa, IA
KYOU-CW15.4	21	N-M	Ottumwa, IA
KYOU GRIT	22	N-M	Ottumwa, IA
KYOUDT3	26	N-M	Ottumwa, IA
KYOUDT6	29	N-M	Ottumwa, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Local Internet Service Company, Inc.

SYSTEM ID#

# 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
5 5.5.14	31 1 141			5.122 5.514	31 1 101	5,5	
		 	No radio stations carried				

A	.l. 2022 /4						500	101105 5105 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FORI	M SA1-2E. PAGE 5.  SYSTEM ID#	
Name	Local Internet Service							0101212	
Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every no	nnetwork telev eriod, under sp	ision program, broadcast by pecific present and former F	/ a <i>distant</i> sta CC rules, reg	ulations, o	r authorizatio	ns. For a further	
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and Program Log	<ul> <li>During the accounting per broadcast by a distant sta</li> <li>Note: If your answer is "No</li> </ul>	tion?	•	•	·		YES	X NO	
	log in block 2.		·	,			. `		
	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 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett	titute progra ace, please of every no distant sta egulations, or ries like "mo Bulls." m was broa sign of the adcast stati hadian stati hadian stati es when the Example: ""	am on a separadd additional and that your authorization ovies" or "bask deast live, ent station broadd on's location (ons, if any, they when your syes substitute pra program car	I rows to the tables. vision program ("substitute our cable system substitute our cable system substitute ins. See page (v) of the ge cetball." List specific program of the community to which the community to which the ecommunity with which the other carried the substitute or carried by a system from 6:01 m was substituted for program.	e program") titled for the proneral instruct am titles, for e "No." ram. e station is lide program. Us r cable systel 1:15 p.m. to 6 ramming that	hat, during ogramming ions for fu example, " censed by entified). se numera m. List the 5:28:30 p.r.	the account g of another rther informa I Love Lucy" the FCC or, als, with the retimes accur in. should be	ting station tion. or  in month ately	
	to delete under FCC rules a was substituted for progran effect on October 19, 1976.	nming that		as permitted to delete und	der FCC rules WHE		Iations in	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	
							_		
							_		
							_		
								<del> </del>	

ccounting Period:	<b>2022/1</b> FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Local Internet Service Company, Inc.
	Local internet del vice company, inc.
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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
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 \$263,800  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
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	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
	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)
	Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	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 \$ 1,595.39
	FILING FEE AND TOTAL REMITTANCE DUE
	THE TENTH OF THE T
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.  See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		NER OF CABLE SYSTEM: ervice Company, Inc.			SYSTEM ID#
M Channels	to its subscribers, a  1. Enter the total no system carried te  2. Enter the total no on which the cable	and (2) the cable system's to umber of channels on which	s broadcast stations	counting period.	369
N Individual to Be Contacted		SE CONTACTED IF FURTHE out this statement of account	ER INFORMATION IS NEEDED (Identify an incit.)	dividual to whom	
for Further Information	"	David Magill		Telephone	641-209-7104
	Ü	1680 Hwy 1, Suite 150 Number, street, rural route, apartm Fairfield, IA 52556			
		City, town, state, zip)  dmagill@liscoco	orp com	Fax (optional) 641-209-959	14
	Email	41114911169119		1 dx (optional) 041 205 555	
0	CERTIFICATION (T	his statement of account mu	ust be certified and signed in accordance with C	copyright Office regulations)	
Certification	• I, the undersigned	, hereby certify that (Check or	ne,but only one, of the boxes.)		
	(Owner o	other than corporation or pa	artnership) I am the owner of the cable system a	as identified in line 1 of space	B; or
			ttion or partnership) I am the duly authorized ag wner is not a corporation or partnership; or	ent of the owner of the cable	system as identified
		or partner) I am an officer (if e 1 of space B.	if a corporation) or a partner (if a partnership) of the	he legal entity identified as ov	vner of the cable system
		and correct to the best of my	hereby declare under penalty of law that all stater knowledge, information, and belief, and are mad		n
			X /s/David L. Magill		
			Enter an electronic signature on the line above to a Enter signature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed	name: David L. Magill		
			VP Administration & Legal		
		Date:		August 26, 2021	

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ounting Period: 2022/1					FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CA	BLE SYSTEM:				SYSTEM ID#
cal Internet Service Co	ompany, Inc.				
The Satellite Home Viewer lowing sentence:  "In determining the service of providing scribers and amount for more information on which located in the paper SA1-2 During the accounting per made by satellite carriers to NO	riod, did the cable system exclude any am	11(d)(1)(A), of the Cops s amounts paid to the adcast transmitters, the econdary transmission ote on page (vii) of the sounts of gross receipts	oyright Act by adding cable system for the e system shall not in is pursuant to section general instruction	e basic nclude sub- on 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSE	MFNIT				
You must complete this w	WEN I orksheet for those royalty payments subn	nitted as a result of a la	ate navment or unde	ernavment	_
•	rest assessment, see page (viii) of the ger				Q
Line 1 Enter the amount	of late payment or underpayment		\$	1,594.30	Interest Assessment
			x	1%	
Line 2 Multiply line 1 by t	the interest rate* and enter the sum here .			15.94	
			х	<b>25</b> days	
Line 3 Multiply line 2 by t	the number of days late and enter the sun	n here		398.58	
., ,	•		x 0.0		
Line 4 Multiply line 3 by 0 in space L, (page 6	0.00274** and enter here 6) block 1, line 2, or block 2 line 8, or bloc	k 3 line 6	\$	1.09	
	rate chart click on www.copyright.gov/lice g Division at (202) 707-8150 or licensing@		,	<b>3</b> ,	
** This is the decimal e	equivalent of 1/365, which is the interest a	assessment for one day	y late.		
•	s worksheet covering a statement of acco	•		•	
	ess, first community served, ID number, a	ind accounting period a	as given in the origin	nai illing.	
Owner	ess, first community served, ID number, a	ind accounting period a	as given in the origin	nai illing.	
Owner Address	ess, first community served, ID number, a	and accounting period a		iai iiiig.	
	ess, first community served, ID number, a	and accounting period a	as given in the origin	adi ming.	
Address	ess, first community served, ID number, a	and accounting period a		ala ming.	

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