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						
02/17/2023	\$ ALLOCATION NUMBER						

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	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)							
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							
		PANORA TELECOMMUNICATIONS							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO BOX 189 (Number, street, rural route, apartment, or suite number)							
		PANORA, IA 50216 (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 is 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:							
		PANORA COOPERATIVE CABLEVISION ASSN., INC.							
	2	MAILING ADDRESS OF CABLE SYSTEM: PO BOX 189							
		(Number, street, rural route, apartment, or suite number) PANORA, IA 50216 (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.

Namo		T	FORM SA1-2E. PAGE					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kno 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 city. CITY OR TOWN STATE PANORA IA GUTHRIE CENTER IA YALE IA	Name		SYSTEMI					
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 city. CITY OR TOWN STATE PANORA IA GUTHRIE CENTER IA YALE IA								
Area Served identified city. CITY OR TOWN STATE First PANORA IA Community GUTHRIE CENTER IA YALE IA	D	"a separate and distinct community or municipal entity (including unincorporated co discrete 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.	mmunities within unincorporated areas and including single will serve as a form of system identification hereafter know					
First PANORA IA Community GUTHRIE CENTER IA YALE IA								
First PANORA IA Community GUTHRIE CENTER IA YALE IA		OUTV OR TOWN	OTATE					
Community GUTHRIE CENTER IA YALE IA	Firet							
YALE								
	•							
	Pows as Necessary							
	nows as necessary							

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2607

PANORA TELECOMMUNICATIONS

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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:			SIMPLE FIBER	86	54.95		
Service to first set	760	111.95	SELECT FIBER	674	#####		
Service to additional set(s)							
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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		НВО	17.00
 Pay cable—add'l channel 		Commercial		Starz/Encore	13.95
Fire protection		Pay cable		Showtime	14.95
•Burglar protection		Pay cable-add'l channel		Cinemax	14.95
Installation: Residential		Fire protection		Total Hollywood	60.95
First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	20.00		
Converter		Disconnect	20.00		
		Outlet relocation			
		Move to new address	20.00		

ccounting Period: 2022/2 FORM SA1-2E. PAGE 3. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name PANORA TELECOMMUNICATIONS 2607 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 G 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 Primary 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 pasis 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 tation was carried only on a substitute basis. List the station here, and also in space Lift the station was carried both on a substitute basis and also on some other Last the satisfying and also in space, in the station was called built or a substitute basis and also on some other pasis. For further information concerning substitute basis stations, see page (y) 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 nulticast 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 WOI DES MOINES, IA KCC 8 N DES MOINES, IA 41 ANKENY, IA **KCWI** KDMI TCT HD 19.1 ANKENY, IA KDIN 11 Ε DES MOINES, IA **KFPX** 40 NEWTON, IA WHO DES MOINES, IA 13 N KDSM 6 Ν DES MOINES, IA WOI-HD 5.1 N-M DES MOINES, IA KCCI-HD 8.1 N-M DES MOINES, IA KCCI Metv 8.12 I-M DES MOINES, IA KDIN HD 11.21 E-M DES MOINES, IA KDIN Kids DES MOINES, IA 11.22 E-M KDIN World DES MOINES, IA 11.23 E-M WHO-HD DES MOINES, IA 13.1 N-M WHO Rewind 13.2 I-M DES MOINES, IA 13.3 WHO AntTV DES MOINES, IA KCWI HD 23.11 ANKENY, IA KDSM DT 17.1 N-M DES MOINES, IA **KDSM Comet** 17.2 I-M DES MOINES, IA KDSM Charge I-M DES MOINES, IA 17.3 **WOI True Crime** 5.2 I-M DES MOINES, IA **WOI GritTV** 5.3 I-M DES MOINES. IA **KCCI Mynet** 8.13 I-M DES MOINES, IA KDMI TCT 19.2 I-M ANKENY, IA IPTV Create 11.24 F-M DES MOINES, IA DES MOINES, IA WHO CourtTV 13.4 I-M KDSM TBD TV 17.4 I-M ANKENY, IA 19.3 ANKENY, IA I-M Grio KCWI Escape 23.12 I-M ANKENY, IA KCWI Bounce 23.13 I-M ANKENY, IA I-M ANKENY, IA KCWI Quest 23.14 WOI Cozi I-M DES MOINES, IA

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

PANORA TELECOMMUNICATIONS

2607

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: 2022/2						FOR	M SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#	
runic	PANORA TELECOMMUNICATIONS 2607								
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
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								
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs clear. If you need more spa				wherever po	ossible, if	their meanin	g is	
	Column 1: Give the title	of every no	nnetwork tele	vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.		deaet live, ent	er "Yes." Otherwise enter "	No."				
				easting the substitute progra					
				the community to which the			the FCC or,	in	
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			als, with the i	month	
	first. Example: for May 7 gi	ve "5/7."	, ,		. •				
	to the nearest five minutes.			ogram was carried by your ried bv a svstem from 6:01					
	stated as "6:00-6:30 p.m."	·	. 0	, ,	•	·			
	Column 7: Enter the lett to delete under FCC rules a			n was substituted for progr					
	was substituted for program							ogram	
	effect on October 19, 1976								
					WHE	N SUBS	TITUTE		
	S	1	E PROGRAM				CURRED	7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	BELLTION	
									
				·					
							_		
							_		
									
								",	
		T							
							_		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PANORA TELECOMMUNICATIONS		SYSTEM 26					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of r page (vii) of the general instructions located in the paper SA1-2 form.	n's secondary trans	Enter the total c					
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		\$ 480,714.61					
	IMPORTANT: You must complete a statement in space P concerning gross receipts		(Amount of gross 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 les Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more informatical contents.	ss than \$527,600 tion.	\$263,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00.	at you must pay for	this 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 lines 1 an	nd 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but		_					
	Base amount under statutory formula	263,800.00						
	2. Enter amount of gross receipts from space K		_					
	3. Subtract line 2 from line 1		_					
	4. Enter the amount of gross receipts from space K							
	4. Enter the amount of gross receipts from space K							
	Enter the amount or gross receipts from space K. Enter the amount from line 3							
	5. Enter the amount from line 3							
	5. Enter the amount from line 3		0.00					
	5. Enter the amount from line 3 6. Subtract line 5 from line 4 7. Multiply line 6 by .005 (enter figure here)							
	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.							
	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.							
	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 (b.)	but less than \$527	7,600)					
	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 (to the second of the	but less than \$527	7,600)					
	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 (to the second	but less than \$527 480,714.61 263,800.00 216,914.61	7,600)					
	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 (to the second seco	480,714.61 263,800.00 216,914.61	7,600)					
	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 (b. 1). 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	480,714.61 263,800.00 216,914.61	7,600) - - - 2,169.15					
	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 (to specify the second sec	480,714.61 263,800.00 216,914.61 \$	7,600)					
	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 (b. 1) 1. 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)	480,714.61 263,800.00 216,914.61 \$	7,600) 2,169.15 1,319.00 0.00					
al Remittance	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 (to the second seco	480,714.61 263,800.00 216,914.61\$\$	7,600)					
-	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 (to see the second	but less than \$527 480,714.61 263,800.00 216,914.61\$	7,600)					
tal Remittance	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 (to specific the second of	but less than \$527 480,714.61 263,800.00 216,914.61\$\$\$	2,169.15 1,319.00 0.00 \$ 3,488.15					
Filing Fee and stal Remittance Due	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 (to see the amount of gross receipts from space K	but less than \$527 480,714.61 263,800.00 216,914.61\$\$\$	7,600) 2,169.15 1,319.00 0.00 \$ 3,488.15 20.00					

Accounting Period: 2	2022/2					FORM SA1-2E. PAGE 7.
Name	PANORA TELECO	ER OF CABLE SYSTEM: MMUNICATIONS				SYSTEM ID# 2607
M Channels	to its subscribers, and The subscribers, and The subscribers, and The subscribers, and Subscr	d (2) the cable system's t	otal numb the cable s broadcas			266
N Individual to Be Contacted		CONTACTED IF FURTH t this statement of accour		RMATION IS NEEDED (Identify an inc	dividual	
for Further Information	Name PA	AM KLIINKEFUS			Telephone	641-755-2424
	(Nur	4 E MAIN ST PO B mber, street, rural route, apartr ANORA, IA 50216 y, town, state, zip)				
	Email	pamklinkefus@	panorafib	per.com	Fax (optional) 641-755-242	5
	CERTIFICATION (This	s statement of account m	ust be cer	tified and signed in accordance with C	Copyright Office regulations)	
O Certification		ereby certify that (Check o				
				p) I am the owner of the cable system a		
	in line 1	of space B and that the o	wner is no	artnership) I am the duly authorized agot a corporation or partnership; or		
	in line 1	of space B.		ation) or a partner (if a partnership) of the		·
		nd correct to the best of my		ge, information, and belief, and are mad		
			X	/s/Andrew M Randol		
				electronic signature on the line above to c nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	I name:	ANDREW M RANDOL		
		Title: (Title of of	CEO ficial position	n held in corporation or partnership)		
		Date:			2/14/23	

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: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 2607 PANORA TELECOMMUNICATIONS 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 ID number First community served Accounting period

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