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				
02/16/2023	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	2022/2 Period 1 = January 1 - June 30 Period 2 = 3	July 1 - December 31							
	Barcode Data Filing Period (optional - see instruction	ons)							
Accounting Period									
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another the subsidiary, not that of the parent corporation.	corporation, give the full corporate title of							
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 statement of account and royalty fee payment covering the entire accounting period.	e accounting period should submit a single							
	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								
	NEIT SERVICES, LLC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	800 S MAIN ST, PO BOX 835 (Number, street, rural route, apartment, or suite number)								
	MONONA, IA 52159 (City, town, state, zip)								
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business already appear in space B. In line 2, give the mailing address of the system, if or								
System	IDENTIFICATION OF CABLE SYSTEM:  NEIT - POSTVILLE CLEC								
	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 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				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  NEIT SERVICES, LLC	FORM SA1-2E. PAGE 1b.  SYSTEM ID#  36845			
D Area	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 city.				
Served	activities city.				
First Community	CITY OR TOWN POSTVILLE	STATE IA			
Add Rows as Necessary					

Accounting Period: 2022/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**NEIT SERVICES, LLC** 

SYSTEM ID# 36845

# 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			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	153	\$29.95	Digital IPTV	141	\$81.95
<ul> <li>Service to additional set(s)</li> </ul>	127	\$4.95			
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T		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				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$16.00	Motel, hotel		HD Equipment Fee	\$4.95
<ul> <li>Pay cable—add'l channel</li> </ul>	\$15.50	Commercial		DVR	\$4.95
<ul> <li>Fire protection</li> </ul>		• Pay cable		Whole Home DVR	\$4.95
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
First set	\$99.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	\$10.00		

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEIT SERVICES, LLC

SYSTEM ID#

36845

G

### Primary Transmitters: Television

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 pager 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 **KRIN** 32 E-M **DUBUQUE, IA KGAN** 2 N-M CEDAR RAPIDS, IA **KWWL** N-M WATERLOO, IA 7 **KCRG** 9 N-M CEDAR RAPIDS, IA **KWKB** 95 Ν WEST BRANCH, IA **KPXR** 47 Ν CEDAR RAPIDS, IA **KFXB** 44 **DUBUQUE, IA** 

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**NEIT SERVICES, LLC** 

36845

### 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).

0411 0101		0.5	LOCATION OF STATISTIC	T 0417 01011		0.75	LOCATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KOEL	FM		OELWEIN, IA	KFMD	FM		DUBUQUE, IA
KRNA	FM		IOWA CITY, IA	KCHA	FM		CHARLES CITY, IA
KNEI	FM		WAUKON, IA	KCNB	FM		WATERLOO, IA
KFMW	FM		ROCHESTER, MN	KROC	FM		PRESTON, MN
KRIL	FM		LACROSSE, WI	WLSU	FM		DECORAH, IA
KDEC	FM		DECORAH, IA	KCTN	FM		ELKADER, IA
KVIK	FM		DECORAH, IA	WQPC	FM		PRAIRIE DU CHIEN, WI
KAT	FM		DUBUQUE, IA	WRQT	FM		LACROSSE, WI
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Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	NEIT SERVICES, LLC							36845		
ı	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furt explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Substitute					he general inst	ructions in th	e paper SA1	-2 form.		
Carriage:	1. SPECIAL STATEMEN	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute ba	sis, any nonne	etwork televi	sion program			
Program Log	Ibroadcot by a distant station?									
	Note: If your answer is "No	" leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complete	e the prograr	n		
	log in block 2.	og in block 2.								
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title 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 broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ce, please a of every nor distant stati gulations, or lies like "mov Bulls." In was broad sign of the sadcast statio atth and day "ve "5/7." es when the Example: a er "R" if the and regulation in that you want to the same of the same	m on a separate add additional renetwork televition and that your authorizations vies" or "basket least live, enter tation broadcan's location (the ns, if any, the cowhen your syst substitute program carried listed program ons in effect duited additional results.	ows to the tables. sion program ("substitute or cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter sting the substitute progree community to which the community with which the dem carried the substitute gram was carried by you end by a system from 6:01 was substituted for progring the accounting period	e program") the ed for the program titles, for extending the extending that yet, enter the less that the program to 6:2	at, during the gramming of ons for furthe cample, "I Lo ensed by the ntified). e numerals, a. List the tim 28:30 p.m. s your system tter "P" if the	e accounting another state information ove Lucy" or e FCC or, in with the mornes accurate hould be was require a listed progra	tion n. nth ly		
	9	:I IRSTITI IT	E PROGRAM	1		EN SUBST		7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES  TO	DELETION		
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Accounting Period:										
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  NEIT SERVICES, LLC  3	M ID# 6845								
K 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 of 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, see 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.  (Amount of gross receipts									
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-mon accounting period is \$52.00.									
	Line 1. Royalty fee for accounting period	00_								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	00_								
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	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)									
		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)									
	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									
	FILING FEE AND TOTAL REMITTANCE DUE									
Filing Fee and Total 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	00								
	<b>EFT Trace # or TRANSACTION ID #</b> 76368013029									
	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:	2022/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:			SYSTEM ID# 36845
M Channels	to its subscribers, and (2) the  1. Enter the total number of chaystem carried television brown to the total number of acon which the cable system contacts.	cable system's total num channels on which the cab coadcast stations	nber of activated channels duri		16 225
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACt we can contact about this state		ORMATION IS NEEDED (Iden	tify an individual	
for Further Information	Name SHANNO	ON RETH		Telephone	563-539-2122
	(Number, stree	AIN ST, PO BOX 83 et, rural route, apartment, or se A, IA 52159 ate, zip)			
	Email s	sreth@neitel.com	100000000000000000000000000000000000000	Fax (optional) 563-539-200	3
O Certification	Owner other than c  (Agent of owner other in line 1 of space)  X (Officer or partner) in line 1 of space	corporation or partnersh ther than corporation or p e B and that the owner is n ) I am an officer (if a corpo e B.  Int of account and hereby de to the best of my knowled )]	ip) I am the owner of the cable control acronds in a partnership. I am the duly authorist a corporation or partnership; ration) or a partner (if a partnership color acronds in a partner color acronds in a partn	ship) of the legal entity identified as own all statements of fact contained herein are made in good faith.	/stem as identified
	ד	Typed or printed name: Title: Chief	David Byers  Operating Officer  tion held in corporation or partnershi		

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
IT SERVICES, LLC	36845
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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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