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: Tel: (202) 707-8150

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | | | | | | | |
|------------|---|--|--|--|--|--|--|--|
| | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | | | | | | | |
| Accounting | 20222 Barcode Data Filing Period (optional - see instructions) | | | | | | | |
| 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 | | | | | | | |
| | THE MUNICIPAL COMMUNICATIONS UTILITY OF THE CITY OF HARLAN | | | | | | | |
| | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | | | | | | | |
| | HARLAN MUNICIPAL UTILITIES | | | | | | | |
| | MAILING ADDRESS OF OWNER OF CABLE SYSTEM | | | | | | | |
| | 2412 Southwest Ave, PO Box 71 (Number, street, rural route, apartment, or suite number) | | | | | | | |
| | Harlan, IA 51537-2305 (City, town, state, zip) | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | |
| | 2 Number, street, rural route, apartment, or suite number) | | | | | | | |
| | (City, town, state, zip code) | | | | | | | |

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.

| Name LEGAL NAME OF OWNER OF CABLE SYSTEM: THE MUNICIPAL COMMUNICATIONS UTILITY OF THE CITY OF HAF Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single | Accounting Period: | 2022/2 | FORM SA1-2E. PAGE 1b. | | | | | |
|--|-----------------------|---|-----------------------|--|--|--|--|--|
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "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 kn 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 Harlan IA | 51> | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | |
| "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. CITY OR TOWN STATE Harlan IA | Name | THE MUNICIPAL COMMUNICATIONS UTILITY OF THE CITY OF HAF | | | | | | |
| First Community Harlan IA | 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 | | | | | | |
| First Community Harlan IA | | CITY OR TOWN | STATE | | | | | |
| Add flows at historia of the control | | | IA. | | | | | |
| Additions at Nectary The state of the sta | | | | | | | | |
| | Add Rows as Necessary | | | | | | | |
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Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

THE MUNICIPAL COMMUNICATIONS UTILITY OF THE CITY OF HARLAN

40762

Ε

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: | | | | |
| Service to first set | 758 | 41.99 | | |
| Service to additional set(s) | | | | |
| • FM radio (if separate rate) | | | | |
| Motel, hotel | | | | |
| Commercial | | | | |
| Converter | | | | |
| Residential | | | | |
| Non-residential | | | | |
| | h | | | |

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 | CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE | | | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | |
| • Pay cable | 106.99 | Motel, hotel | | HD/Digital Tier | 14.99 |
| Pay cable—add'l channel | | Commercial | | НВО | 18.00 |
| Fire protection | | • Pay cable | | Cinemax | 14.00 |
| •Burglar protection | | Pay cable-add'l channel | | STARZ | 14.00 |
| Installation: Residential | | Fire protection | | Showtime | 14.00 |
| First set | | Burglar protection | | | |
| Additional set(s) | | Other services: | | | |
| FM radio (if separate rate) | | Reconnect | 35.00 | | |
| Converter | | Disconnect | | | |
| | | Outlet relocation | 15.00 | | |
| | | Move to new address | | | |
| | | | | | |

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 40762

THE MUNICIPAL COMMUNICATIONS UTILITY OF THE CITY OF HARLAN

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 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 |
|--------------|--------------------------|--------------------|------------------------|
| KMTV-DT | 3.1 | N | OMAHA, NE |
| KMTV-DT2 | 3.2 | N-M | OMAHA, NE |
| KMTV-DT4 | 3.4 | N-M | OMAHA, NE |
| WOWT-DT | 6.1 | N | OMAHA, NE |
| WOWT-DT2 | 6.2 | N-M | OMAHA, NE |
| WOWT-DT3 | 6.3 | N-M | OMAHA, NE |
| KETV-DT | 7.1 | N | OMAHA, NE |
| KETV-DT2 | 7.2 | N-M | OMAHA, NE |
| KCCI-DT | 8.1 | N | DES MOINES, IA |
| KCCI-DT2 | 8.2 | N-M | DES MOINES, IA |
| KYNE | 26.1 | E | OMAHA, NE |
| KYNE-DT2 | 26.2 | E-M | OMAHA, NE |
| KYNE-DT3 | 26.3 | E-M | OMAHA, NE |
| KHIN-DT | 36.1 | E | RED OAK, IA |
| KHIN-DT2 | 36.2 | E-M | RED OAK, IA |
| KHIN-DT3 | 36.3 | E-M | RED OAK, IA |
| KPTM-DT | 42.1 | N | OMAHA, NE |
| KPTM-DT2 | 42.2 | N-M | OMAHA, NE |
| KPTM-DT3 | 42.3 | N | OMAHA, NE |
| KPTM-DT4 | 42.4 | N-M | OMAHA, NE |
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

THE MUNICIPAL COMMUNICATIONS UTILITY OF THE CITY OF HARLAN

40762

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 |
|-----------|----------|-----|---------------------|-----------|----------|------|---------------------|
| KNOD | FM | | HARLAN, IA | | | | |
| KNOD | LIVI | | MARLAN, IA | | | | |
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| Accounting Perio | od: 2022/2 | | | | | | FORM | M SA1-2E. PAGE 5. | |
|----------------------|---|----------------------|-------------------|---|----------------|-------------------|----------------|-------------------|--|
| | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | 1 OKI | SYSTEM ID# | |
| Name | THE MUNICIPAL COM | IMUNICA ⁻ | TIONS UTILI | TY OF THE CITY OF I | HARLAN | | | 40762 | |
| | SUBSTITUTE CARRIAG | E: SPECIA | AL STATEME | NT AND PROGRAM LO | G | | | | |
| | In General: In space I, iden | _ | - | | | tion, that y | our cable sys | tem carried on a | |
| | substitute basis during the a | accounting p | eriod, under sp | ecific present and former F | CC rules, reg | ulations, o | r authorizatio | ns. For a further | |
| Substitute | | | | | | | | | |
| Carriage: Special | | _ | | | _: | 4 | | | |
| Statement and | During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program | | | | | | | | |
| Program Log | broadcast by a distant sta | | | | | | YES | NO | |
| | Note: If your answer is "No | o", leave the | e rest of this pa | age blank. If your answer is | s "Yes," you r | must comp | olete the prog | yram | |
| | log in block 2. | | | | | | | | |
| | 2. LOG OF SUBSTITUT In General: List each subs | | | ate line. Use abbreviations | s wherever n | ossible if | their meaning | n is | |
| | clear. If you need more spa | ace, please | add additional | I rows to the tables. | · | | · | | |
| | | | | vision program ("substitute | | | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | | |
| | Do not use general catego | ries like "mo | | | | | | | |
| | "NBA Basketball: 76ers vs. | | ideast live ent | er "Yes." Otherwise enter ' | 'No." | | | | |
| | | | | casting the substitute progr | | | | | |
| | | | | the community to which the | | | the FCC or, | in | |
| | the case of Mexican or Cal | | | e community with which the stem carried the substitute | | | als with the n | nonth | |
| | first. Example: for May 7 gi | ive "5/7." | , , | | | | | | |
| | | | | ogram was carried by your | | | | ately | |
| | to the nearest five minutes stated as "6:00–6:30 p.m." | . Example: | a program car | ned by a system from 6.0 i | : 15 p.m. to c | :26:30 p.n | n. snould be | | |
| | Column 7: Enter the let | | | n was substituted for prog | | | | | |
| | to delete under FCC rules was substituted for program | | | | | | | ogram | |
| | effect on October 19, 1976 | • | your system w | as permitted to delete und | ier FCC rules | and regu | iations in | | |
| | , | | | | | | | T | |
| | | LIBSTITLIT | E PROGRAM | 1 | | N SUBST AGE OC | | 7. REASON FOR | |
| | | 2. LIVE? | | | 5. MONTH | | TIMES | DELETION | |
| | TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM | — то | | |
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| Accounting Period: | 2022/2 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|---|-------------------------------|--------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: THE MUNICIPAL COMMUNICATIONS UTILITY OF THE CITY OF HARLAN | S' | YSTEM ID# 40762 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Et all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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. | mission service amount, se | 3,741.86 |
| 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 \$ 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. | \$263,80(| |
| | 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 accounting period is \$52.00 | r 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 and 2 | | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 | 100) | |
| | 1. Base amount under statutory formula | | |
| | | | |
| | | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Enter the amount of gross receipts from space K | 93,741.86 | |
| | 5. Enter the amount from line 3 | 70,058.14 | |
| | 6. Subtract line 5 from line 4 | 23,683.72 | |
| | 7. Multiply line 6 by .005 (enter figure here) | \$ | 618.42 |
| | 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 | \$ | 618.42 |
| | 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 | 4.040.00 | |
| | 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 Total Remittance | Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 618.42 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 20.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 638.42 |
| | EFT Trace # or TRANSACTION ID # | | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n | | |

| Accounting Period: | 2022/2 | | | FORM SA1-2E. PAGE 7. | | | | |
|------------------------------|---|--|--|-------------------------|--|--|--|--|
| Name | | OWNER OF CABLE SYSTEM: AL COMMUNICATIONS U | TILITY OF THE CITY OF HARLAN | SYSTEM ID# 40762 | | | | |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable | | | | | | | |
| | system carried television broadcast stations | | | | | | | |
| | | • | | 174 | | | | |
| N Individual to Be Contacted | | BE CONTACTED IF FURTI about this statement of accou | HER INFORMATION IS NEEDED (Identify an individual to whom nt.) | | | | | |
| for Further Information | Name | Jim Gedwillo | Telephone | 712-755-5182 | | | | |
| | Address | (Number, street, rural route, apart | | | | | | |
| | | Harlan, IA 51537 (City, town, state, zip) | | | | | | |
| | Email | jgedwillo@hmu | net.com Fax (optional) | | | | | |
| 0 | CERTIFICATION | (This statement of account m | nust be certified and signed in accordance with Copyright Office regulations |) | | | | |
| Certification | • I, the undersigned | ed, hereby certify that (Check o | ne, but only one, of the boxes.) | | | | | |
| | (Owne | r other than corporation or p | artnership) I am the owner of the cable system as identified in line 1 of space E | 3; or | | | | |
| | | | ttion or partnership) I am the duly authorized agent of the owner of the cable sowner is not a corporation or partnership; or | system as identified | | | | |
| | | er or partner) I am an officer (line 1 of space B. | if a corporation) or a partner (if a partnership) of the legal entity identified as ow | ner of the cable system | | | | |
| | | e, and correct to the best of my | hereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith. | | | | | |
| | | | X /s/ Jim Gedwillo | | | | | |
| | | | Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | | | | | |
| | | Typed or printed | name: Jim Gedwillo | | | | | |
| | | Title: | Director of Telecommunications fficial position held in corporation or partnership) | | | | | |
| | | Date: | 2/16/2023 | | | | | |

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 th 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 telephon 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 i 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

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# **40762**

THE MUNICIPAL COMMUNICATIONS UTILITY OF THE CITY OF HARLAN

| HE MUNICIPAL COMMUNICA | HONS OTHER TO THE | SITT OF HARLAN | | |
|--|--|--|--|---|
| service of providing secon | 1988 amended Title 17, section umber of subscribers and the gradary transmissions of primary bected from subscribers receiving exclude these amounts, see the the cable system exclude any a | on 111(d)(1)(A), of the Co coss amounts paid to the proadcast transmitters, the green secondary transmission on the on page (vii) of the | pyright Act by adding the fol- cable system for the basic ne system shall not include sub- ns pursuant to section 119." e general instructions | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and | l list the satellite carrier(s) below | <i>.</i> | | |
| Name Mailing Address | | Name Mailing Address | | |
| INTEREST ASSESSMENT | Ц | | | |
| You must complete this workshee For an explanation of interest ass | | | | Q |
| Line 1 Enter the amount of late p | payment or underpayment | | x | Interest Assessment |
| Line 2 Multiply line 1 by the inter | est rate* and enter the sum here | ∋ | xdays | |
| Line 3 Multiply line 2 by the num | ber of days late and enter the s | um here | x 0.00274 | |
| Line 4 Multiply line 3 by 0.00274 in space L, (page 6) block | ** and enter here 1, line 2, or block 2 line 8, or blo | ock 3 line 6 | (interest charge) | |
| | rt click on www.copyright.gov/lion at (202) 707-8150 or licensin | | f. For further assistance please | |
| ** This is the decimal equivale | ent of 1/365, which is the interes | t assessment for one da | ıy late. | |
| NOTE: If you are filing this worksh list below the owner, address, firs | · | · · · · · · · · · · · · · · · · · · · | | |
| Owner Address | | | | |
| ID number First community served Accounting period | | | | |

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