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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located	02/16/2023	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.		ALLOCATION NUMBER	(202) 707-8150.

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	62353
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 835	
		(Number, street, rural route, apartment, or suite number)	
		MONONA, IA 52159 (City, town, state, zp)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAC
Name	HAWKEYE TELEPHONE CO	623
	Instructions: List each separate community served by the cable system. A "commun	
_		
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 lis	t 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.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	HAWKEYE	IA
Community	ARLINGTON	IA
	FAYETTE	Ä
Rows as Necessary	LAWLER	IA
	MAYNARD	IA
	ST. LUCAS	IA
	WAUCOMA	IA
	WESTGATE	
	WEST UNION	IA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							-2E. PAGE
Name	HAWKEYE TELEPHONE								6235
Е	SECONDARY TRANSMISSION		-	-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	· · ·			ny standai	rd rate variation	s within a p	articular rate	
	category, but do not include disc				ion of ooo	andon (transmis		a that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted o					convice that are	different fr	om those	
	<b>Block 2:</b> If your cable system I printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.		0			•			
	BLC	OCK 1 NO. OF					BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		292	\$29.95	Digital	IPTV		269	\$78.9
	<ul> <li>Service to additional set(s)</li> </ul>		165	\$4.95					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	e (not subscrib	er) info	rmation with re	spect to al	ll your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		5 ,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				SHEU. LISI	these other serv		IOTTI OF A	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	\$17.95	• Mo	tel, hotel			HD Equ	uipment Fee	\$4.9
	• Pay cable—add'l channel	\$15.45	۰Co	mmercial			DVR		\$4.9
	Fire protection		• Pa	y cable			Whole	Home DVR	\$9.9
	•Burglar protection		• Pa	, y cable-add'l cł	nannel				
	Installation: Residential		• Fire	e protection					
	• First set		• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other	services:					
	• FM radio (if separate rate)		•Re	connect		\$20.00			
	• Converter			connect					
			• Ou	tlet relocation					
				tlet relocation we to new addr	ess	\$20.00			

Name	LEGAL NAME OF OWNER OF			
				SYSTEM ID# 62353
	HAWKEYE TELEPHO PRIMARY TRANSMITTERS:			62353
G rimary smitters: evision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carried n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	(1) stations carried only on a part-ti- le carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- me Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- rogram services such as HBO, ESP -air designation. For example, repo- vision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	me basis under ims [sections ions carried on a ostitute program log)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KRIN	11	E-M	WATERLOO, IA
	KGAN	2	N-M	CEDAR RAPIDS, IA
Necessary	KGAN KWWL	2	N-M N-M	CEDAR RAPIDS, IA WATERLOO, IA
Necessary				
Necessary	KWWL	7	N-M	WATERLOO, IA
ecessary	KWWL KCRG	7 9	N-M N-M	WATERLOO, IA CEDAR RAPIDS, IA
lecessary	KWWL KCRG KWKB	7 9 5	N-M N-M N	WATERLOO, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA

HAWKEYE	F OWNER OF							SYSTEM II 623
	t every radio s	station o	<b>)</b> carried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf idgnal, indicate Column 4: G	) it is carried b monitoring, to ormation abou rm. dentify the call State whether f the radio stat this by placing Sive the station	y the sy be rece it the Co I sign of the stati tion's sig g a chee n's loca	All-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. ion is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the community with which the	at the system's l e system's FM ar this point, see p ssed by the cable the station is lice	headend, and htenna, during age (v) of the e system as a ensed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
		C/D				C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	FM		WAVERLY, IA	KNWS	FM		WATERLOO, IA	
(RJE	FM		HAWKEYE, IA	KNEI	FM		WAUKON, IA	
(UNI	FM		CEDAR FALLS, IA	KVIK	FM		DECORAH, IA	
KHQ	FM		OELWEIN, IA	KOKZ	FM		WATERLOO, IA	
VQPC	FM		PRAIRIE DU CHIEN, WI	KROC	FM		ROCHESTER, MN	
CZE	FM		NEW HAMPTON, IA	KFMW	FM		WATERLOO, IA	
(DHK	FM		DECORAH, IA					
	· · · · · · · · · · · · · · · · · · ·							
	· · · · · · · · · · · · · · · · · · ·							

Name         ECAL INAL OF DWINE OF CALLE SYSTEM:         SYSTEM IDE           SUBSTTUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG         62353           In General: In space 1, identify every nonetwork treation program, incoducts by a distart station, that your cable system cannot on a system and tom PC on lose, requisitors, For a three explanation of the programming that nucl be included in this tog, ase page (v) of the general instruction in the page SAL-2 form.           Substruct Constraints         SPECIAL STATEMENT CONCENTIONE SUBSTITUTE CARRIAGE           'Paring the accounting preid, did your cable system carry, on a substitute basis, any nomebork fellewisen program includes the constraint of the program monetable. If your answer is "No." have the rest of this page black. If your answer is "No." have the rest of this page black. If your answer is "No." have the rest of this page black. If your answer is "No." have the rest of the page your answer is "No." have the rest of this page black. If your answer is "No." have the rest of the page your answer is "No." have the rest of the page your answer is the other answer answer is "No." Howe if your cable system substitute for the program mone accounting prof. was brackast by a distant station and that your cable system substitute for the program monet accounting pared, was brackast by a distant station and the your cable system substitute for the program monet accounting pared. Wolf the ended station is obtained to compare the information. The case of Counter 3: The brackast bial distance that your cable system was called by your cable system. Substitute for page and the solution brockast bial we distant station is decreaded by the FCC or, in the case of the case of the case of the solution brockast bial the community with which the station is lecreaded by the FCC or, in the case of the case of	Accounting Perio							FOR	M SA1-2E. PAGE 5.
Substitute       SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG       In General: In space 1, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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.         1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE       *During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       No         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 SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.       Column 1: Give the title of every nonnetwork television program "substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Gener No."         Column 2: If the program was boadcast live, enter "Yes." Ubtervise enter "No."       Column 3: Give the two rub and ady when your system carried the substitute program. Use numerals, with the month first. Example: the roadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian station's locati	Nama			TEM:					SYSTEM ID#
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  . During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program by the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program by oradcast 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 SUBSTITUTE PROGRAM In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program.") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station on on use general categories like "movies" or "bask feall." List specific program titles, for example, "I Love Lucy" or "NBA Basketbali." Gers vs. Bulls." Column 2: Give the oradast station's location (the community to which the station is identified). Column 3: Give the call sign of the community to which the station is locensed by the FCC or, in the case of Mexica on Canadian stations, if any, the community with which the station is locensed by the FCC or, in the case of Mexica on Canadian stations, if any, the community to which the station is identified). Column 3: Give the omoth and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as 6:00-6:30 p.m." Column 7: Enter th	Name	HAWKEYE TELEPHON	IE CO						62353
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  . During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program by the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program by oradcast 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 SUBSTITUTE PROGRAM In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program.") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station on on use general categories like "movies" or "bask feall." List specific program titles, for example, "I Love Lucy" or "NBA Basketbali." Gers vs. Bulls." Column 2: Give the oradast station's location (the community to which the station is identified). Column 3: Give the call sign of the community to which the station is locensed by the FCC or, in the case of Mexica on Canadian stations, if any, the community with which the station is locensed by the FCC or, in the case of Mexica on Canadian stations, if any, the community to which the station is identified). Column 3: Give the omoth and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as 6:00-6:30 p.m." Column 7: Enter th		SUBSTITUTE CARRIAGE				)G			
Substitute Carriage: Special statement and Program Log <ul> <li>SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>VES</li> <li>Ves</li> <li>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.</li> </ul> <li>2. LOG OF SUBSTITUTE PROGRAMS         <ul> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.</li> <li>Column 1: Give the title of every nonnetwork television program "substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute program") that, during the accounting period, was broadcast bike "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: Toker vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."</li> <li>Column 6: State the times when the substitute program was carried by a system for 60:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."</li> <li>Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period, enter the lister 'F' if the listed program was substituted for programming that</li></ul></li>	I	In General: In space I, identi	fy every nor	nnetwork televis	ion program, broadcast by	a distant stat			
Carriage: Special Statement and Program Log       1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       Image: Statement and Program Log         • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       Image: Statement and Program Log         • During the accounting period, did your cable system stations       Image: Statement and Program Log       Image: Statement and Program Log         • During the accounting period, was broadcast by a distant station and that your cable system substitute program?       Image: Statement and Program Log       Image: Statement and Program Log         • Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."       Column 3: Give the call sign of the station broadcast line, enter "No."         Column 3: Give the call sign of the station broadcast line, enter "Yes." Otherwise enter "No."       Column 3: Give the month and day when your system carried the substitute program.         Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."         Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during	Substituto								
Special Statement and Program Log       • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       Image: Special Statement and 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 SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.       Column 1: Give the title of every nonnetwork television program "substituted for the program" that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program.         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is licensed by the FCC or, in the case of Maxican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Maxican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Maxican or Canadian stations in a substitute for program. Use numerals, with the month first. Example: for May 7 give "57."         Column 6: State the itimes when the substitute program was scarried by your cable system. List the times accurately to t						general mea		puper erri	
Statement and Program Log       broadcast by a distant station?       YES       NO         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 SUBSTITUTE PROGRAMS       In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.       Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball." Column 3: Give the call sign of the station broadcastling the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified).         Column 5: Give the month and day when your system carried the substitute program. Column 5: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m.".         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.       7.	Special		-			sis. anv nonne	twork televisi	on program	ı
Program Edg       Let the Link of Link		•	•	······	,,,	, <b>,</b>		- · ·	
log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast station's location (the community to which the station is identified).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."         Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulati	Program Log				- h l h - 16	"X "	 	-	
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Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."         Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required in of programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         UBSTITUTE PROGRAM       WHEN SUBSTITUTE CARRIAGE OCCURRED TO READ									
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SUBSTITUTE PROGRAM     CARRIAGE OCCURRED     7. REASON FOR DELETION       1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES		effect on October 19, 1976.							
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION		s	UBSTITUT	TE PROGRAM					7. REASON FOR
Yes or No       CALL SIGN       4. STATION'S LOCATION       AND DAY       FROM       —       10			2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	
Image: second			Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- 10	
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Accounting Period:	2022/2	FORM SA1-2	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYS	TEM ID#
	HAWKEYE TELEPHONE CO		62353
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter ta all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amo 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.	on service ount, see	<b>48.09</b> receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00.	six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	)	
	1. Base amount under statutory formula \$ 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		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600	0)	
	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)	,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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		67.00
	EFT Trace # or TRANSACTION ID # 76368018487		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Name M Channels N	HAWKEYE TE CHANNELS Instructions: Y to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c and nonbroad	rs, and (2) the cable system al number of channels on w d television broadcast static al number of activated char cable system carried televis cast services	er of chann n's total nun hich the cal ons nels sion broadca	nber of activa			SYSTEM ID# 62353 29
M Channels N	Instructions: Y to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the o and nonbroad	rs, and (2) the cable system al number of channels on w d television broadcast static al number of activated char cable system carried televis cast services	n's total nun hich the cal ons nels sion broadca	nber of activa	ted channels during the accoun		
			RTHER INF			L	309
Be Contacted			count.)	ORMATION	IS NEEDED (Identify an individu	lal	
for Further Information	Name	SHANNON RETH				Telephone	563-539-2122
	Address	800 S MAIN ST, PO					
		(Number, street, rural route, a		suite number)			
		(City, town, state, zip)					
	Email	sreth@neite	l.com		Fax	د (optional) <mark>563-539-2003 (</mark>	
0		I (This statement of accour			igned in accordance with Copyri	ight Office regulations)	
[					, wher of the cable system as iden	tified in line 1 of space B;	or
	in	line 1 of space B and that the	ne owner is r	not a corporati	l am the duly authorized agent of i ion or partnership; or artner (if a partnership) of the lega		
	<ul> <li>I have examine</li> </ul>	te, and correct to the best of			penalty of law that all statements on, and belief, and are made in go		
				/s/ David		. this statement	
					gnature on the line above to certify an "/s/ signature" (e.g., /s/ John S		
		Typed or prir	ited name:	David E	3yers		
		Title: (Title		eral Manac	ger poration or partnership)		
		Date:				2/13/2023	

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 the 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 telephoi 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 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 t 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

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
VKEYE TELEPHONE CO	623
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	P Special Statemer Concerning Gros Receipts Exclusio
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.	Q
Line 1. Enter the amount of late payment or undernayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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