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 COPYRIG | 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 in the first tab of this workbook. | 1/30/23 | S ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150. |
| A ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (Y | YYY/(Period)) | |

| A | ACC | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|---------------------------|------|---|-------------|
| | | | |
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| | | 2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| | | | |
| | | Barcode Data Filing Period (optional - see instructions) | |
| Accounting | | | |
| Period | | | |
| | | Instructions: | |
| В | | 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. | |
| | | | 62367 |
| | | 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 | |
| | | Comm 1 Connects, Inc. | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | |
| | | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM | |
| | | 105 S Main St. / Po Box 20 | |
| | | (Number, street, rural route, apartment, or suite number) | |
| | | Kanawha, IA 50447 (City, town, state, zp) | |
| • | INST | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u | nless these |
| С | name | is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s | pace B |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | - | | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | 2 | (Number, street, rural route, apartment, or suite number) | |
| | | (City, town, state, zjp code) | |
| | 1 | | |
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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.

| | | FORM SA1-2E. PAC |
|-----------------------|--|---|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| Nume | Comm 1 Connects, Inc. | 623 |
| | Instructions: List each separate community served by the cable system. A "community" | is the same as a "community unit" as defined in FCC rul |
| D | "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wil | nunities within unincorporated areas and including sing |
| | as the "first community." Please use it as the first community on all future filings. | |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom identified city. | e parks should be reported in parentheses below the |
| | | STATE |
| Fired | CITY OR TOWN Kanawha | IA IA |
| First | | |
| Community | Klemme | IA |
| | Corwith | IA |
| Add Rows as Necessary | Garner | IA |
| | Britt | IA |
| | Belmond | IA |
| | | |
| | Humboldt | IA |
| | Goldfield | IA |
| | Renwick | IA |
| | Clarion | IA |
| | Eagle Grove | IA |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | | | | |
|-------------------------------|---|--|--------------------------------------|--------------------|------------|-------------------|---------------|-----------------|----------------|--|--|--|
| Name | Comm 1 Connects, Inc. | | - | | | | | | гем ID 6236 | | | |
| | | | | | | | | | | | | |
| Е | SECONDARY TRANSMISSION In General: The information in s | | | | | v transmission | service of t | he cable | | | | |
| — | system, that is, the retransmission | • | | - | | • | | | | | | |
| Secondary | about other services (including p | g pay cable) in space F, not here. All the facts you state must be those existing on the | | | | | | | | | | |
| Transmission Service: Sub- | last day of the accounting period Number of Subscribers: Both | | | | | | hla svetom | broken | | | | |
| scribers and | | • | | | | | | | | | | |
| Rates | 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 that applies to your system. Not | | | | | | | | | | | |
| | categories, that person or entity | | | - | | - | | | | | | |
| | subscriber who pays extra for ca | able service to | additior | nal sets would b | e includeo | | | | | | | |
| | first set" and would be counted of | 0 | | | · · · | | | | | | | |
| | Block 2: If your cable system printed in block 1 (for example, t | - | | • | | | | | | | | |
| | with the number of subscribers a | | | | | | | | | | | |
| | sufficient. | | | | | | | | | | | |
| | BLOCK 1 | | | | | | BLOCK | X 2 NO. OF | | | | |
| | CATEGORY OF SERVICE | SUBSCRIB | | RATE | CATE | EGORY OF SEF | RVICE | SUBSCRIBERS | RAT | | | |
| | Residential: | | | | | | | | | | | |
| | Service to first set | | 123 | 63.41 | | led Basic-Cl | | 929 | ### | | | |
| | Service to additional set(s) | | | | Expand | led Basic-IL | EC | 339 | ### | | | |
| | • FM radio (if separate rate) | | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | | |
| | Commercial | | | | | | | | | | | |
| | Converter | | | | | | | | | | | |
| | Residential | | | | | | | | | | | |
| | Non-residential | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | | 6 | | | | | | | |
| - | In General: Space F calls for ra | | | | | Il your cable sys | stem's serv | rices that were | | | | |
| F | not covered in space E, that is, t | hose services | that are | e not offered in a | combinatio | on with any seco | ondary tran | smission | | | | |
| 0 | service for a single fee. There a | • | | | • | | • • • • | | | | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the ur | | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | , 2 | | laigea en a ran | anie hei h | | | | | |
| ransmissions: | Block 1: Give the standard ra | | | | | | | | | | | |
| Rates | Block 2: List any services that | | | | • | • | | | | | | |
| | 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. | | | | | | | | | | | |
| | | BLO | | | | | | BLOCK 2 | | | | |
| | CATEGORY OF SERVICE | RATE | | GORY OF SER | VICE | RATE | CATEGO | DRY OF SERVICE | RAT | | | |
| | Continuing Services: | | | ation: Non-resi | | | 0,11201 | | | | | |
| | • Pay cable | | • Mo | otel, hotel | | | PVR Re | ecording | 6.0 | | | |
| | Pay cable—add'l channel | | ۰Co | mmercial | | | | | | | | |
| | Fire protection | | •Pa | y cable | | | | | | | | |
| | Burglar protection | | •Pa | y cable-add'l ch | annel | | | | | | | |
| | Installation: Residential | | • Fire | e protection | | | | | | | | |
| | • First set | 47.00 | | rglar protection | | | | | | | | |
| | Additional set(s) | 20.00 | | services: | | | | | | | | |
| | • FM radio (if separate rate) | | | connect | | 32.00 | | | | | | |
| | Converter | | | sconnect | | | | | | | | |
| | | | •Ou | tlet relocation | | 20.00 | | | | | | |
| | | | | ve to new addre | | 47.00 | | | | | | |

| | LEGAL NAME OF OWNER O | | | | SYSTEM | | | | |
|----------------------------|---|---|-------------------------------------|---|-----------|--|--|--|--|
| Name | Comm 1 Connects, I | | | | 62 | | | | |
| | PRIMARY TRANSMITTERS: | | | | | | | | |
| G | carried by your cable syste | dentify every television station (including tra- tem during the accounting period, <i>except</i> (s in effect on June 24, 1981, permitting the | (1) stations carried only on a part | t-time basis under | | | | | |
| Primary | 76.59(d)(2) and (4), 76.61 | l(e)(2) and (4), or 76.63 (referring to 76.61(| | | | | | | |
| ransmitters: Television | 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 or | on a substitute basis. | - | | | | | | |
| | | d also in space I, if the station was carried I tion concerning substitute basis stations, so | | | | | | | |
| | Column 1: List each static | on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a | ogram services such as HBO, ES | SPN, etc. Identify each | | | | | |
| | "WETA-2" as the same on | n the form. | C 1 1 | | | | | | |
| | of license. For example, W | nel number the FCC assigned to the televi NRC is channel 4 in Washington, D.C. | C C | | | | | | |
| | Column 3: Indicate in eac | ch case whether the station is a network state tering the letter "N" (for network), "N-M" (fo | • | | | | | | |
| | (for independent multicast | t), "E" (for noncommercial educational), or | "E-M" (for noncommercial educa | | | | | | |
| | | terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th | | on is licensed by the | | | | | |
| | | nadian stations, if any, give the name of the | , | | | | | | |
| | | | | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION O | F STATION | | | | |
| | KIMT-DT | 3 | N | MASON CITY, IA | | | | | |
| | KIMT-DT3 | 4 | I | MASON CITY, IA | | | | | |
| d Rows as Necessary | WOI-DT | 5 | N | AMES, IA | | | | | |
| | KAAL-DT | 6 | N | AUSTIN, MN | | | | | |
| | KCWI-DT | 7 | I | AMES, IA | | | | | |
| | KCCI-DT | 8 | Ν | DES MOINES, IA | | | | | |
| | KTTC-DT3 | 9 | 1 | ROCHESTER, MN | | | | | |
| | KTTC-DT | 10 | N | ROCHESTER, MN | | | | | |
| | KDIN-DT | 11 | E | DES MOINES, IA | | | | | |
| | KTTC-DT4 | 12 | l | ROCHESTER, MN | | | | | |
| | WHO-DT | 13 | N | DES MOINES, IA | | | | | |
| | | | I | ROCHESTER, MN | | | | | |
| | KTTC-DT5 | 14 | | | | | | | |
| | KTTC-DT5 KTTC-DT2 | 14 16 | · I | ROCHESTER, MN | | | | | |
| | | | • | ROCHESTER, MN DES MOINES, IA | | | | | |
| | KTTC-DT2 | 16 | I I I | | | | | | |
| | KTTC-DT2 KDSM-DT | 16 17 | | DES MOINES, IA | | | | | |
| | KTTC-DT2 KDSM-DT WOI-DT | 16 17 25 | | DES MOINES, IA AMES, IA | | | | | |
| | KTTC-DT2 KDSM-DT WOI-DT KXLT-DT | 16 17 25 39 | | DES MOINES, IA AMES, IA ROCHESTER, MN | | | | | |
| | KTTC-DT2 KDSM-DT WOI-DT KXLT-DT KDSM-DT2 | 16 17 25 39 66 | | DES MOINES, IA AMES, IA ROCHESTER, MN DES MOINES, IA | | | | | |
| | KTTC-DT2 KDSM-DT WOI-DT KXLT-DT KDSM-DT2 KDMI-DT | 16 17 25 39 66 249 | | DES MOINES, IA AMES, IA ROCHESTER, MN DES MOINES, IA DES MOINES, IA | | | | | |
| | KTTC-DT2 KDSM-DT WOI-DT KXLT-DT KDSM-DT2 KDMI-DT KIMT-DT2 | 16 17 25 39 66 249 295 | | DES MOINES, IA AMES, IA ROCHESTER, MN DES MOINES, IA DES MOINES, IA MASON CITY, IA | | | | | |
| | KTTC-DT2 KDSM-DT WOI-DT KXLT-DT KDSM-DT2 KDMI-DT KIMT-DT2 KIMT-DT | 16 17 25 39 66 249 295 322 | | DES MOINES, IA AMES, IA ROCHESTER, MN DES MOINES, IA DES MOINES, IA MASON CITY, IA | | | | | |
| | KTTC-DT2 KDSM-DT WOI-DT KXLT-DT KDSM-DT2 KDMI-DT KIMT-DT2 KIMT-DT KIMT-DT4 | 16 17 25 39 66 249 295 322 323 | | DES MOINES, IA AMES, IA ROCHESTER, MN DES MOINES, IA DES MOINES, IA MASON CITY, IA MASON CITY, IA | | | | | |

| Name | LEGAL NAME OF OWNER OF | F CABLE SYSTEM: | | SYSTEM | | | | | | |
|---|--|---|--------------------|------------------------|--|--|--|--|--|--|
| | Comm 1 Connects, Ir | nc. | | 62 | | | | | | |
| | PRIMARY TRANSMITTERS: | | | | | | | | | |
| G Primary Transmitters: Television | In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC m • Do not list the station here, station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to | 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network is tructions), "I" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational), or " | | | | | | | | |
| | Column 4: Give the location | 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. | | | | | | | | |
| | | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | | | |
| | KAAL-DT | 328 | N | AUSTIN, MN | | | | | | |
| | KCCI-DT | 332 | N I | DES MOINES, IA | | | | | | |
| | KCCI-DT2 KCCI-DT3 | 333 | | DES MOINES, IA | | | | | | |
| | | | | DES MOINES, IA | | | | | | |
| | | 336 | F | ROCHESTER, MN | | | | | | |
| | KDIN-DT KYNE-DT4 | 338 | E | DES MOINES, IA | | | | | | |
| | | | - | OMAHA, NE | | | | | | |
| | KDIN-DT3 | 340 | E | DES MOINES, IA | | | | | | |
| | KYNE-DT3 | 341 | E | OMAHA, NE | | | | | | |
| | | 342 | N | DES MOINES, IA | | | | | | |
| | WHO-DT2 | 343 | | DES MOINES, IA | | | | | | |
| | | 345 | I | AMES, IA | | | | | | |
| | KCWI-DT2 | 346 | 1 | AMES, IA | | | | | | |
| | KCWI-DT3 | 347 | | AMES, IA | | | | | | |
| | KDSM-DT | 349 | | DES MOINES, IA | | | | | | |
| | KXLT-DT2 | 350 | | ROCHESTER, MN | | | | | | |
| | KXLT-DT | 351 | - | ROCHESTER, MN | | | | | | |
| | KXLT-DT3 | 355 | I | ROCHESTER, MN | | | | | | |
| | KXLT-DT4 | 356 | I | ROCHESTER, MN | | | | | | |
| | KXLT-DT5 | 357 | I | ROCHESTER, MN | | | | | | |
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| | LEGAL NAME OF OWNER O | E CABLE SYSTEM | | SYSTEM |
|---------------------------|---|--|--|---------------------------------------|
| Name | Comm 1 Connects, Ir | | | 62 |
| | · · · | | | |
| | PRIMARY TRANSMITTERS: | | | · · · · · · · · · · · · · · · · · · · |
| G | | entify every television station (including em during the accounting period, excer | | |
| - | FCC rules and regulations | in effect on June 24, 1981, permitting | the carriage of certain network program | ms [sections |
| Primary | 76.59(d)(2) and (4), 76.61(| e)(2) and (4), or 76.63 (referring to 76. | | |
| ansmitters: Television | | as explained in the next paragraph. s: With respect to any distant stations o | carried by your cable system on a subs | stitute program |
| 1610110101 | basis under specific FCC r | ules, regulations, or authorizations: | | |
| | Do not list the station her station was carried only or | e in space G—but do list it in space I (| the Special Statement and Program Lo | og)—if the |
| | - | also in space I, if the station was carrie | ed both on a substitute basis and also | on some other |
| | basis. For further information | on concerning substitute basis stations | s, see page (v) of the general instruction | ons. |
| | | n's call sign. <i>Do not</i> report origination d with a station according to its over-th | | - |
| | "WETA-2" as the same on | 5 | e-dil ucognation. Tor oxampio, ropor | |
| | | el number the FCC assigned to the tel | evision station for broadcasting over the | he air in its community |
| | | RC is channel 4 in Washington, D.C. h case whether the station is a network | estation an independent station, or a r | noncommercial |
| | | ering the letter "N" (for network), "N-M" | | |
| | (for independent multicast) | , "E" (for noncommercial educational), | or "E-M" (for noncommercial education | |
| | | erms, see page (iv) of the general instr on of each station. For U.S. stations, lis | | s licensed by the |
| | | adian stations, if any, give the name of | - | |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | | | SYSTEM | | | | | |
|--|--|--|---|----------|--|--|--|--|--|
| Name | | | | 62 62 | | | | | |
| | Comm 1 Connects, Ir | | | ~ | | | | | |
| G Primary ransmitters: 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, <i>except</i> (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 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 (v) of | | | | | | | | |
| | | | Ist the community to which the station is f the community with which the station is 3. TYPE OF STATION | | | | | | |
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| | 2022/2 | | | | | | |
|---|--|---|---|---|--|--|--|
| Name | LEGAL NAME OF OWNER OF | F CABLE SYSTEM: | | SYSTEM ID# 62367 | | | |
| Name | Comm 1 Connects, Inc. | | | | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | |
| G Primary Transmitters: Television | In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station here, station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location | entify every television station (including m during the accounting period, excep in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 se explained in the next paragraph. With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (for a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th | t (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also , see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is | ne basis under ns [sections ons carried on a stitute program bg)—if the on some other ns. J, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | s identified. | | | |
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| EGAL NAME OF | | | | | | | | SYSTEM I 623 |
|---|--|--|--|--|---|---|---|----------------------------------|
| | t every radio s | tation ca | arried on a separate and discr nerally receivable by your cab | | | | | Н |
| eccivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G | it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station | y the sys be recein the Co sign of the static ion's sig g a chec n's locati | I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the | t the system's he system's FM ant his point, see par ed by the cable s he station is licen | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can eertain si eneral ir eparate | be expected, tated intervals. hstructions in the. and discrete | Primary Transmitters Radio |
| 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 Peric | od: 2022/2 | | | | | | FORM | 1 SA1-2E. PAGE 5. |
|------------------------------|---|---------------------------------------|---------------------------|---|------------------|---|---------------|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | Comm 1 Connects, Inc | . | | | | | | 62367 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | L STATEME | NT AND PROGRAM LO | G | | | |
| | In General: In space I, ident | ify every noi | nnetwork televi | <i>sion program</i> , broadcast by | a distant stat | tion, that you | ır cable syst | em carried on a |
| Out attack | substitute basis during the a explanation of the programm | | | | | | | |
| Substitute Carriage: | 1. SPECIAL STATEMEN | | | | le general ma | | ine paper of | - 1-2 Iom. |
| Special | During the accounting per | - | | | sis. anv nonr | etwork telev | vision proar | am |
| Statement and Program Log | broadcast by a distant sta | • | | | , , | | YES | × NO |
| Frogram Log | - | | root of this no | ao blonk. If your anower is | "Voo" vou r | | - | |
| | Note: If your answer is "No | , leave the | rest of this pa | ge blank. If your answer is | s res, your | nust comple | ete trie prog | ram |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | | |
| | In General: List each subs | titute progra | am on a separa | | s wherever po | ossible, if the | eir meaning | is |
| | clear. If you need more spa | | | rows to the tables. vision program ("substitute | program") th | oot during t | ha accounti | na |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re | gulations, o | or authorization | ns. See page (v) of the ge | neral instruct | ions for furth | ner informat | ion. |
| | Do not use general categor "NBA Basketball: 76ers vs. | | ovies" or "bask | etball." List specific progra | im titles, for e | example, "I L | Love Lucy" | or |
| | Column 2: If the program | n was broa | | er "Yes." Otherwise enter " | | | | |
| | | | | asting the substitute progr he community to which th | | opood by th | e ECC er i | 'n |
| | the case of Mexican or Car | | | | | | | |
| | Column 5: Give the mor | nth and day | | stem carried the substitute | | | , with the m | onth |
| | first. Example: for May 7 giv Column 6: State the time | | e substitute pro | ogram was carried by you | r cable syster | n List the ti | mes accura | ately |
| | to the nearest five minutes. | | | | | | | |
| | stated as "6:00–6:30 p.m." | or "D" if tho | listed program | n was substituted for prog | comming that | vourovotor | | irod |
| | to delete under FCC rules a | | | | | | | |
| | was substituted for program | • • | your system w | as permitted to delete und | er FCC rules | and regulat | tions in | - |
| | effect on October 19, 1976 | | | | | | | |
| | | | | | | N SUBSTIT | | |
| | | 2. LIVE? | E PROGRAM 3. STATION'S | | 5. MONTH | AGE OCCL 6. TI | | 7. REASON FOR DELETION |
| | 1. 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. |
|------------------------------------|---|-------------------------------|-----------------|
| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | S | STEM ID# |
| Name | Comm 1 Connects, Inc. | | 62367 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transit (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 | 6,796.58 |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ 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 | \$263,800 | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t | his six-month | |
| | accounting period is \$52.00. Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | \$ | 52.00 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 \$137,1 | · · | |
| | 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) | |
| | 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) | | |
| | 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 | | <u> </u> |
| | 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 # 273KSIRH | | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo | | |

| Accounting Period: | 2022/2 | FORM SA1-2E. PAGE 7 | |
|------------------------------------|--|------------------------|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Comm 1 Connects, Inc. | SYSTEM ID# 62367 | |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accounting 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels | | |
| | on which the cable system carried television broadcast stations and nonbroadcast services | 289 | |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) | | |
| for Further Information | Name Jacob Berte | Telephone 641-762-3772 | |
| | Address 105 S Main St. / PO Box 20 (Number, street, rural route, apartment, or suite number) Kanawha, IA 50447 (City, town, state, zip) | | |
| | Email jberte@ganiowa.com Fax (o | ptional) | |
| O Certification | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] | | |
| | X /s/ Randy Yeakel Enter an electronic signature on the line above to certify th Enter signature using an "/s/ signature" (e.g., /s/ John Smither | | |
| | Typed or printed name: Randy Yeakel | | |
| | Title: President (Title of official position held in corporation or partnership) | | |
| | Date: 01 | /30/2023 | |

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 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.

| | FORM SA1-2E. PAGE |
|--|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| nm 1 Connects, Inc. | 6236 |
| 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- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | P Special Statement 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? | |
| NO | |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Mailing Address Mailing Address | |
| | |
| 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 underpayment | Interest Assessmer |
| ^ | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| x days Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 x 0.00274 | |
| x days Line 3 Multiply line 2 by the number of days late and enter the sum here | · · · · · · · · · · · · · · · · · · · |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td></td> | |
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| x | |

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 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.