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.

		Return co		
FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED AMOUNT				
2/13/23	\$ ALLOCATION NUMBER	For additi contact th Office Lic (202) 707		

Return completed workbook by

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	PALO COOPERATIVE TELEPHONE ASSOCIATION							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		PALO COMMUNICATIONS						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 169						
		(Number, street, rural route, apartment, or suite number)						
		PALO, IA 52324 (City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period:	2022/2								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PALO COOPERATIVE TELEPHONE ASSOCIATION	FORM SA1-2E. PAGE 1b. SYSTEM ID# 62382							
D	Instructions: List each separate community served by the cable system. A "community a separate and distinct community or municipal entity (including unincorporated comdiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list was 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 hore.	y" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known							
Served	identified city.								
First Community	CITY OR TOWN PALO	STATE IOWA							
Add Rows as Necessary									

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62382

PALO COOPERATIVE TELEPHONE ASSOCIATION

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	BLOCK 1 BLOCK 2		
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	156	98.53	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial			
Converter			
Residential			
Non-residential			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 	3.95	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	70.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

PALO COOPERATIVE TELEPHONE ASSOCIATION

62382

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

of license. For example, WRC is channel 4 in Washington, D.C.

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.

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
KGAN	2	N	CEDAR RAPIDS, IA
KFXA	3	N	CEDAR RAPIDS, IA
KWWL	7	N	WATERLOO, IA
KCRG	9	N	CEDAR RAPIDS, IA
KRIN	12	E	IOWA CITY, IA
KWKB	14	l	IOWA CITY, IA
KPXR	15	I	CEDAR RAPIDS, IA
	111111		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

PALO COOPERATIVE TELEPHONE ASSOCIATION

62382

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

d: 2022/2							ORM SA1-2E. PAGE 5.
LEGAL NAME OF OWNER OF							SYSTEM ID#
PALO COOPERATIVE	TELEPHO	ONE ASSO	CIATION				62382
In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant state of the st	tify every non- accounting p ning that mu T CONCEF riod, did you ation? b," leave the E PROGRA stitute progra ace, please	nnetwork televi- eriod, under syst be included RNING SUBS ur cable system erest of this pa AMS am on a separadd additiona	ision program, broadcast by becific present and former F in this log, see page (v) of the carry, on a substitute based blank. If your answer in the carry the carry is a substitute of the carry that is a substit	y a distant stare CC rules, reg the general instances, any nonral s "Yes," you result of the control of the con	ulations, ostructions network to must com ossible, if	or authorizin the parallelevision YE applete the	program S NO program program program program program program program
under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976	egulations, ories like "mo. Bulls." m was broa sign of the adcast statinath and day live "5/7." less when the Example: "ter "R" if the and regulating that is.	or authorization ovies" or "bask dcast live, ent station broaddon's location (ons, if any, the when your sy e substitute proa program car listed program ions in effect dyour system w	ns. See page (v) of the ge setball." List specific prograter "Yes." Otherwise enter casting the substitute prograthe community to which the community with which the community with which the stem carried the substitute togram was carried by you ried by a system from 6:00 m was substituted for programing the accounting period was permitted to delete under	"No." ram. le station is lie e station is id e program. Use rable syste 1:15 p.m. to 6 gramming that od; enter the lider FCC rules	censed be entified). se numer m. List the constant to constant the	y the FCC rals, with e times a m. should stem was if the liste ulations in	ormation. Licy" or C or, in Che month Ccurately I be required d program
		ı		1		7. REASON FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM		0
	In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN During the accounting pe broadcast by a distant state of the programm of the programm of the product of the case of the case of Mexican or Calumn 1: Give the call column 4: Give the call column 4: Give the call column 4: Give the call column 5: Give the modifiest. Example: for May 7 give the nearest five minutes stated as "6:00—6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the let to delete under FCC rules was substituted for programm of the case of Mexican or Calumn 7: Enter the	In General: In space I, identify every no substitute basis during the accounting p explanation of the programming that mut. 1. SPECIAL STATEMENT CONCER During the accounting period, did you broadcast by a distant station? Note: If your answer is "No," leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant statinder certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statif the case of Mexican or Canadian statific Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under spexplanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS During the accounting period, did your cable systemed broadcast by a distant station? Note: If your answer is "No," leave the rest of this paralog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separalog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separalog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separalog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separalog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separalog in block 2. Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	In General: In space I, identify every nonnetwork television program, broadcast be substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of the substitute basis during the accounting period, did your cable system carry, on a substitute basis broadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ged not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program deflect under FCC rules and regulations in effect during the accounting perion was substituted for programming that your system was permitted to delete under fect on October 19, 1976.	substitute basis during the accounting period, under specific present and former FCC rules, regexplanation of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance of the program of the program of the general instance of the program of the	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that substitute basis during the accounting period, under specific present and former FCC rules, regulations, explanation of the programming that must be included in this log, see page (v) of the general instructions 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to 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 coming in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, it 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, durin period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for for non ou use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 7Gers 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 licensed b 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 numer 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 to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed p	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorize explanation of the programming that must be included in this log, see page (v) of the general instructions in the page 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television in 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 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 mediciant. 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 acciperiod, was broadcast by a distant station and that your cable system substituted for the programming of anotunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further info Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lu "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 licensed by the FCC 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 by your cable system. List the times at 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 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program w

Accounting Period:	2022/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PALO COOPERATIVE TELEPHONE ASSOCIATION	SYSTEM ID# 62382
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this are 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.	ssion service mount, se
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 \$26. 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.	53,800
	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-month
	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	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	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 \$527,60	0)
	1. Enter the amount of groot receipts from appeal /	
	Enter the amount of gross receipts from space K	
	·	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	249.00
		,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	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 # 76367455562	
	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	

Accounting Period:	022/2			FORM SA1-2E. PAGE 7.
Name	EGAL NAME OF OWNER OF CABLE SYSPALO COOPERATIVE TELEPHON			SYSTEM ID# 62382
M Channels	to its subscribers, and (2) the cable sy	mber of channels on which the cable system carried tele tem's total number of activated channels during the acco		
	Enter the total number of channels of system carried television broadcast states.	ations		12
	Enter the total number of activated on which the cable system carried tel			470
	and nonbroadcast services			173
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF we can contact about this statement of	FURTHER INFORMATION IS NEEDED (Identify an indivaccount.)	vidual	
for Further	Name ERIN PETERSE	N	Telephone	319-851-3431
	Address 807 2ND ST PO	BOX 169 e, apartment, or suite number)		
	PALO, IA 52324			194194444444444444444444444444444444444
	(City, town, state, zip) Email ERIN@F	ALOCOMMUNICATIONS.NET	Fay (ontional)	
			Tax (optional)	
0	CERTIFICATION (This statement of acc	ount must be certified and signed in accordance with Co	pyright Office regulations)	
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)		
	(Owner other than corporat	on or partnership) I am the owner of the cable system as	identified in line 1 of space	B; or
		corporation or partnership) I am the duly authorized agen at the owner is not a corporation or partnership; or	nt of the owner of the cable	system as identified
	(Officer or partner) I am an in line 1 of space B.	officer (if a corporation) or a partner (if a partnership) of the	e legal entity identified as ov	wner of the cable system
		unt and hereby declare under penalty of law that all statem st of my knowledge, information, and belief, and are made		in
		X /S/ ERIN PETERSEN		
		Enter an electronic signature on the line above to ce Enter signature using an "/s/ signature" (e.g., /s/ Joh		
	Typed or	printed name: ERIN PETERSEN		
	Title:	GENERAL MANAGER Title of official position held in corporation 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62382 PALO COOPERATIVE TELEPHONE ASSOCIATION SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner

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Address

ID number

First community served Accounting period