This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/9/2023	\$				
2/9/2023	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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
		INTERSTATE CABLEVISION LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		FMTC-SWT, INC d/b/a OMNITEL COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 229
		(Number, street, rural route, apartment, or suite number) TRURO, IA 50257-0229 (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.

	1	FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
	INTERSTATE CABLEVISION LLC	62917
_	Instructions: List each separate community served by the cable system. A "cor	
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	
	community." Please use it as the first community on all future filings.	viii serve as a form of system identification hereafter known as the first
A	Note: Entities and properties such as hotels, apartments, condominiums, or m	nobile home parks should be reported in parentheses below the identified
Area Served	city.	,
		1
	CITY OR TOWN	STATE
First	EMERSON	IA
Community	HENDERSON	IA
	IMOGENE	IA IA
Add Rows as Necessary	CARSON	IA IA
	OAKLAND	IA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: INTERSTATE CABLEVISION LLC

SYSTEM ID# 62917

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	115	149.95	ESSENTIAL PACKAGE	26	59.95
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				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) 		Other services:			
FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62917

INTERSTATE CABLEVISION LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMTV-DT3	2	N	OMAHA, NE
KMTV	3	N	OMAHA, NE
KMTV-HD	4	N	OMAHA, NE
KMTV-DT2	5	N	OMAHA, NE
WOWT	6	N	OMAHA, NE
WOWT-HD	7	N	OMAHA, NE
WOWT-DT2	8	N	OMAHA, NE
WOWT-DT3	9	N	OMAHA, NE
KDIN	11	E	DES MOINES, IA
KDIN-HD	12	E	DES MOINES, IA
KDIN-DT2	13	E	DES MOINES, IA
KDIN-DT2	14	E	DES MOINES, IA
KPTM-3	15	l	OMAHA, NE
KPTM3-HD	16	l	OMAHA, NE
KPTM4	17	I	OMAHA, NE
KPTM	18	N	OMAHA, NE
KPTM-HD	19	N	OMAHA, NE
KPTM-DT2	20	N	OMAHA, NE
KETV	21	N	OMAHA, NE
KETV HD	22	N	OMAHA, NE
KETV-DT2	23	N	OMAHA, NE
KDIN-DT3	24	E	DES MOINES, IA
KDIN-DT4	25	E	DES MOINES, IA
KXVO-1	26	I	OMAHA, NE

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62917 INTERSTATE CABLEVISION LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: substitute program basis, as explained in the next paragraph. Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KXVO-2 27 OMAHA, NE KXVO-3 ī 28 OMAHA, NE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FORM SA1-2E. PAGE 4.

INTERSTATE CABLEVISION LLC

62917

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
							
		l	L		L		

Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5.	
-	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#	
Name	INTERSTATE CABLEV	ISION LLO						62917	
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG					
	In General: In space I, ident	ify every non	network televis	ion program, broadcast by	a <i>distant</i> statio	on, that you	r cable syster	m carried on a	
	substitute basis during the a	٠.		•					
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	ne paper SA1	-2 form.	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special Statement and	 During the accounting per 	riod, did you	ır cable system	carry, on a substitute bas	sis, any nonne	etwork telev	<u>⁄isio</u> n progra	m	
Program Log	broadcast by a distant stat	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								
		, leave lile	rest of this pag	je blatik. II your aliswer is	res, you iii	usi comple	te the progra	alli	
	log in block 2.	DDOCDA	MC						
	2. LOG OF SUBSTITUTE In General: List each subs			ita lina. I lea abbraviatione	wherever no	ecible if the	air maanina i	ie	
	clear. If you need more spa				wherever po	SSIDIC, II LIIC	on meaning	15	
				ision program ("substitute	program") the	at, during th	ne accountin	g	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	etball." List specific prograi	m titles, for ex	kample, "I L	ove Lucy" o	r	
			dcast live ente	r "Yes." Otherwise enter "I	No."				
				asting the substitute progra					
	Column 4: Give the broa	adcast statio	on's location (th	ne community to which the	station is lice	ensed by th	e FCC or, in		
	the case of Mexican or Car							a.	
	first. Example: for May 7 gi		wnen your sys	tem carried the substitute	program. Use	e numerais,	, with the mo	ontn	
			e substitute pro	gram was carried by your	cable system	List the tir	mes accurate	elv	
	to the nearest five minutes.							,	
	stated as "6:00-6:30 p.m."	•			•	·			
				was substituted for progra					
	to delete under FCC rules a							gram	
			iour evetam wa	e narmittad to dalata unda					
			our system wa	s permitted to delete unde	er FCC rules a	anu regulat	10115 111		
	effect on October 19, 1976		our system wa	s permitted to delete unde	er FCC rules a	and regular	IONS III		
			our system wa	s permitted to delete unde	П	EN SUBSTI			
	effect on October 19, 1976		E PROGRAM		WHE		ITUTE	7. REASON FOR	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES	7. REASON FOR DELETION	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM		WHE CARRI	EN SUBSTI	ITUTE URRED		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	EN SUBSTI	ITUTE URRED IIMES		

Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: INTERSTATE CABLEVISION LLC	S	YSTEM ID# 62917
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entrall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	9,716.10 pss receipts)
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 \$2 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.	63,800.	
	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 thi accounting period is \$52.00.	is 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 \$137,1	00)	
	1. Base amount under statutory formula	_	
	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	,600)	
	1. Extens the amount of group receipts from appeal.		
	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)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	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 #]	
	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 OWNE				SYSTEM ID# 62917
M Channels	to its subscribers, an 1. Enter the total nur system carried tele 2. Enter the total nur on which the cable	nd (2) the cable system's mber of channels on which evision broadcast stations mber of activated channels system carried television	s	ounting period.	26
N Individual to		CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Identify an indiv nt.)	vidual	
Be Contacted for Further Information	Name Me	elanie Johanns		Telephone (641) 7	49-4002
	(Nur N o	8 E Congress St mber, street, rural route, apartn ora Springs, IA 5045 r, town, state, zip)	·		
	Email	mjohanns@omr	nitel biz	Fax (optional	
	CERTIFICATION (This	statement of account mu	ust be certified and signed in accordance with Cop	yright Office regulations)	
O Certification	(Agent of or in line X (Officer or in line • I have examined the s	wner other than corporate 1 of space B and that the partner) I am an officer (if e 1 of space B.	e, but only one, of the boxes.) Intrership) I am the owner of the cable system as ide ion or partnership) I am the duly authorized agent or owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the leg ereby declare under penalty of law that all statements knowledge, information, and belief, and are made in g	f the owner of the cable system as ide gal entity identified as owner of the ca of fact contained herein	
			X /s/ Josh Hveem Enter an electronic signature on the line above to cert Enter signature using an "/s/ signature" (e.g., /s/ John		
		Typed or printed			
		Title: (Titl	Chief Operating Officer e of official position held in corporation or partnership)		
		Date:		February 9, 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.

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 YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Name 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.	ORM SA1-2E. PAGE 8.
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 made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	SYSTEM ID#
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Name Mailing Address In the second 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. Line 1 Enter the amount of late payment or underpayment 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 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 \$ (interest charge) * 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.	
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Line 3 Multiply line 2 by the number of days late and enter the sum here	
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in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
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contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	

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