THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015 If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

	· ·
FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
01/11/2023	\$ ALLOCATION NUMBER

Return to: Library of Congress Copyright Office-LS 101 Independence Avenue SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)							
Accounting Period	□ Ja	anuary 1–June 30(Year)	•	July 1-December 31 2022 (Year)				
B	corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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 sho 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 Section. LEGAL NAME OF OWNER OF CABLE SYSTEM: La Motte Telephone Company, Inc.							
	2	BUSINESS NAME(S) OF OWNER	R OF CABLE SYSTEM (F DIFFERENT):	·			
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: PO Box 8 (Number, street, rural route, apartment, or suite number) La Motte, IA 52054 (City, town, state, zip)							
	Instr	uctions: In line 1, give any busines	ss or trade names used	to identify the business and operation of t	he system unless these			
C	name	es already appear in space B. In line	2, give the mailing add	ess of the system, if different from the addr	ess given in space B.			
System	1	63050	STEM:					
	2	MAILING ADDRESS OF CABLE SP.O. Box 8 (Number, street, rural route, apartment, or suit La Motte, IA 52054 (City, town, state, zip)						
D Area Served	in FC areas of sy	CC rules: "a separate and distinct or s and including single, discrete uning stem identification hereafter known	ommunity or municipal ecorporated areas)." 47 C as the "first community."	ystem. A "community" is the same as a "cornity (including unincorporated communitie F.R. §76.5(dd). The first community that you Please use it as the first community on all firms, or mobile home parks should be reported	s within unincorporated ulist will serve as a form uture filings.			
	identi	ified city.	T		·			
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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 SA1-2c Rev: 06/2022

FORM SA1-2. PAGE 1b.

La Motte Telephone Company, Inc				Name
Instructions: List each separate community in FCC rules: "a separate and distinct compareas and including single, discrete unincorr of system identification hereafter known as Note: Entitles and properties such as hotels, a identified city.	munity or municipal ent porated areas)." 47 C.F.I the "first community." P	ity (including unincorporated communities R. §76.5(dd). The first community that you I lease use it as the first community on all fut	within unincorporated ist will serve as a form ure filings.	D Area Served
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
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FORM SA1-2. PAGE 2.

E

Secondary

Transmission

Service:

Subscribers and Rates

Name

La Motte Telephone Company, Inc.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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.

BLOCK	.1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:			BASIC BASIC PLUS	21 52	\$59.00 \$119.00	
	2	\$206.00	EXPANDED	82	\$129.00	
Nonresidential						

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 1				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	1	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		4	

FORM SA1-2. PAGE 3.

Legal name of owner of cable system:

La Motte Telephone Company, Inc.

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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

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.

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
IPTV	11.1,11.2,11.3,	E	JOHNSTON IOWA
KCRG	9,9.2,9.3,9.4	N	CEDAR RAPIDS IOWA
KGAN	2, 2.2,2.3	N	CEDAR RAPIDS, IOWA
KGCW	26,26.2,26.3	N	DAVENPORT, IOWA
KLJB	18	N .	DAVENPORT, IOWA
KWQC	6,6.3,6.4,6.5	N	DAVENPORT IOWA
KWWL	7,7.2,7.3,7.4	N	WATERLOO, IOWA
WHBF	4,4.3,4.4	N	ROCK ISLAND, ILLINOIS
WQAD	8,8.2,8.3, 8.4	N	MOLINE, ILLINOIS
WQPT	24,24.2	E	JOHNSTON, IOWA

G

Primary
Transmitters:
Television

FORM SA1-2. PAGE 4.

	Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: La Motte Telephone Company, Inc.						
	Primary Transmitters: Radio	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. 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 the Copyright Office regulations on this point, see page (iv) of the general instructions. 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
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FURM SA1-2, PAGE 5.						
La Motte Telephone Company, Inc.			Name			
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM In General: In space I, identify every nonnetwork television program, broadd system carried on a substitute basis during the accounting period, under specitions, or authorizations. For a further explanation of the programming that must the general instructions.	ast by a <i>distant</i> station, that ic present and former FCC ru	les, regula-	Substitute Carriage: Special			
SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?						
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do 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 6:01: as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program of column FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete upon October 19, 1976.	e program") that, during the different for the programming of anotheral instructions for further in ram titles, for example, "I Low". "No." ram. he station is licensed by the e station is identified), program. Use numerals, with reable system. List the times 15 p.m. to 6:28:30 p.m. should ramming that your system wit; enter the letter "P" if the lister	accounting ther station of the formation. We Lucy" or FCC or, in the month accurately do be stated as required and program				
SUBSTITUTE PROGRAM	WHEN SUBSTITUTE	7. REASON				

SUB	SUBSTITUTE PROGRAM					
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN			5. MONTH 6. TIMES AND DAY FROM — TO	
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FORM SA1-2. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:
	La Motte Telephone Company, Inc.
Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vi) of the general instructions. 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. (Amount of gross receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: 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 \$263,800 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 for more information.
	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 six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period \$52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 · · · · · · · · · · · · · · · · · ·
	Line 3. Filing Fee \$15.00
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2 and 3 \$ 67.00
	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
	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
	9. Filing Fee
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9
	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
	7. Filing Fee
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7
- :	IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Copyrights. See page i of th general instructions for more information.

FORM SA1-2, PAGE 7.

LEGAL NAME OF OWNER OF CABLE SYSTEM: La Motte Telephone Company, Inc.	Name
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	Channels
Enter the total number of channels on which the cable system carried television broadcast stations. 118	
Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 118	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N
Name JO ANNE GREGORICH Telephone 563-773-2213 (Area code) Address 400 PINE STREET (Number, street, rural route, apartment, or suite number)	Individual to Be Contacted for Further Information
LA MOTTE IOWA 52054 (City, town, state, zip)	
Email (optional) joanne@lamotte-telco.com Fax (optional)	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	0
I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	Certification
(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. [See 18 U.S.C. sec.1001] 	
Handwritten signature: Jolinne Kregnich	
Typed or printed name: JoAnne Gregorich	
Title: General Manager (Title of official position held in corporation or partnership)	
Date: 01/11/2023	

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FORM SA1-2, PAGE 8,

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: La Motte Telephone Company, Inc.
Special Statement Concerning Gross Receipts Exclusions	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 (vi) of the general instructions. 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?
	YES. Enter the total here and list the satellite carrier(s) below
	Name Mailing address Mailing address
0	INTEREST ASSESSMENT
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 (vi) of the general instructions.
	Line 1. Enter the amount of late payment or underpayment
	x%
	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
	Line 4, Multiply line 3 by .00274** and enter here and 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 Section 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
	ID number First community served Accounting period

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