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**

STATEME	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	ctions are located of this workbook.	2-3-23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		COOPERATIVE TELEPHONE EXCHANGE
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		425 PARKER ST PO BOX 95
		(Number, street, rural route, apartment, or suite number) STANHOPE, IA 50246
		(City, town, state, zip)
С	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	name	s already 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	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
ļ		

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.

in

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	COOPERATIVE TELEPHONE EXCHANGE	63194
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list of	ommunity" is the same as a "community unit" as defined in FCC rules: "a ed communities within unincorporated areas and including single, discrete
A	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or n	
Area Served	city.	
	CITY OR TOWN	STATE
First	STANHOPE	A
Community	KAMRAR	IA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	COOPERATIVE TELEPH	IONE EXCH	ANGE						6319
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	SERVICE: SUI pace E should on on of television a ay cable) in space (June 30 or De a blocks in space transmission s umber of billings ice at the rate in harged for each (Example: "\$20 ounts allowed for in space E, the to their subscr Where an ind should be counts	BSCRIB cover all and radia ace F, no cecember e E call service. I s in that i ndicated n categon D/mth"). or advan form liss ibers. Gi lividual c ted as a	categories of s o broadcasts b ot here. All the 31, as the cas for the number n general, you category (the n —not the numb y of service. Ir Summarize an ce payment. ts the categorie ve the number r organization subscriber in e	econdary y your syst acts you s e may be). of subscri can comp umber of sets clude both y standard es of secon of subscri s receiving ach applic	tem to subscrib tate must be the bers to the cab ute the number persons or orga receiving service the amount of rate variations hodary transmiss bers and rate for g service that fa- cable category.	ers. Give in ose existin le system, of subscri- nizations o ce). the charge within a pa- tion service or each list ulls under o Example: a	nformation ag on the broken bers in charged e and the articular rate e that cable red category different a residential	
	subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	nce again unde nas rate catego iers of services and rates, in the	er "Servio ries for s that incl	ce to additional econdary trans ude one or mo	set(s)." mission s e seconda	ervice that are o ary transmissior	different fro ns), list the on of the se	om those m, together ervice is	
	BLO	OCK 1 NO. OF	<u> </u>				BLOCH	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		261	91.95					
	 Service to additional set(s) 		383	5.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the	e (not subscrib hose services th e two exception or facilities furni it in which it is u	er) inforr hat are n hs: you d ished to usually b	nation with res ot offered in co o not need to o nonsubscriber illed. If any rate	ombination live rate in s. Rate info es are cha	with any secor formation conco ormation should rged on a varial	idary trans erning (1) s I include b ole per-pro es listed.	mission services oth the gram basis,	
Secondary ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	your cable syst separate charge	tem furni e was ma	shed or offere ade or establis	d during th	e accounting pe			
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	your cable syst separate charge otion and include BLOC	tem furni e was ma e the rate CK 1	shed or offere ade or establis e for each.	during th ned. List th	e accounting pe lese other servi	ces in the	form of a BLOCK 2	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	your cable syst separate charge otion and include BLOC RATE	tem furni e was ma e the rate CK 1 CATEG	shed or offered ade or establis e for each.	d during th ned. List th	e accounting pe	ces in the	form of a	RAT
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	your cable syst separate charge otion and include BLOC RATE	tem furni e was ma e the rate CK 1 CATEG Installa	shed or offere ade or establis e for each. ORY OF SER\ tion: Non-resi	d during th ned. List th	e accounting pe lese other servi	Ces in the	form of a BLOCK 2 ORY OF SERVICE	RAT
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	your cable syst separate charge otion and include BLOC RATE	tem furni e was ma e the rate CK 1 CATEG Installat • Mote	shed or offere ade or establis e for each. <u>ORY OF SER\</u> tion: Non-resi el, hotel	d during th ned. List th	e accounting pe lese other servi	CATEG	form of a BLOCK 2 ORY OF SERVICE	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	your cable syst separate charge otion and include BLOC RATE	tem furni e was ma e the rate CK 1 CATEG Installat • Mote • Com	shed or offere ade or establis e for each. ORY OF SER\ tion: Non-resi el, hotel umercial	d during th ned. List th	e accounting pe lese other servi	CATEG PREMI HBO	form of a BLOCK 2 ORY OF SERVICE UMS	17.
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	your cable syst separate charge otion and include BLOC RATE	tem furni e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay	shed or offere ade or establis e for each. DRY OF SERV tion: Non-resi el, hotel umercial cable	d during th ned. List th /ICE dential	e accounting pe lese other servi	CATEG PREMI HBO CINEM	form of a BLOCK 2 ORY OF SERVICE UMS	RAT 17.1 12.1
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	your cable syst separate charge otion and include BLOC RATE	tem furni e was ma e the rate CK 1 CATEG Installat • Mote • Corr • Pay • Pay	shed or offere ade or establis e for each. DRY OF SERV tion: Non-resi el, hotel umercial cable cable-add'l cha	d during th ned. List th /ICE dential	e accounting pe lese other servi	CATEGO PREMI HBO CINEM SHOW	form of a BLOCK 2 ORY OF SERVICE UMS AX TIME	17. 12. 17.
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	your cable syst separate charge otion and include BLOC RATE	tem furni e was ma e the rate CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire	shed or offere ade or establis e for each. DRY OF SERV tion: Non-resi el, hotel umercial cable cable-add'l cha protection	d during th ned. List th /ICE dential	e accounting pe lese other servi	CATEGO CATEGO PREMI HBO CINEM SHOW STARZ	form of a BLOCK 2 ORY OF SERVICE UMS AX TIME	17. 12.
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	your cable system separate charge otion and include BLOC RATE 25.00	tem furni e was ma e the rate CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg	shed or offere ade or establis e for each. DRY OF SERV tion: Non-resi el, hotel umercial cable cable-add'l cha	d during th ned. List th /ICE dential	e accounting pe lese other servi	CATEGO CATEGO PREMI HBO CINEM SHOW STARZ	form of a BLOCK 2 ORY OF SERVICE UMS AX TIME	17. 12. 17. 14.
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	your cable system separate charge bition and include BLOC RATE 25.00	tem furni e was ma e the rate CATEG Installat • Mote • Com • Pay • Fire • Burg Other s	shed or offere ade or establis e for each. DRY OF SER\ tion: Non-resi el, hotel mercial cable cable-add'l cha protection lar protection	d during th ned. List th /ICE dential	e accounting pe lese other servi	CATEGO CATEGO PREMI HBO CINEM SHOW STARZ	form of a BLOCK 2 ORY OF SERVICE UMS AX TIME	17. 12. 17. 14.
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	your cable system separate charge bition and include BLOC RATE 25.00	tem furni e was ma e the rate CATEG Installat • Mote • Com • Pay • Fire • Burg Other s • Rec	shed or offere ade or establis e for each. DRY OF SERV tion: Non-resi el, hotel umercial cable cable-add'l cha protection ular protection ervices:	d during th ned. List th /ICE dential	RATE	CATEGO CATEGO PREMI HBO CINEM SHOW STARZ	form of a BLOCK 2 ORY OF SERVICE UMS AX TIME	17. 12. 17. 14.
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	your cable system separate charge bition and include BLOC RATE 25.00	tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other s • Reco	shed or offere ade or establis e for each. DRY OF SERV tion: Non-resi el, hotel umercial cable cable-add'I cha protection protection ervices: connect	d during th ned. List th /ICE dential	RATE	CATEGO CATEGO PREMI HBO CINEM SHOW STARZ	form of a BLOCK 2 ORY OF SERVICE UMS AX TIME	17. 12. 17. 14.

counting Period: 2	-			FORM SA1-2E. P
Name	LEGAL NAME OF OWNER OF			SYSTEN 63
	COOPERATIVE TELE			
G	In General: In space G, ide carried by your cable system	ntify every television station (including t n during the accounting period, <i>except</i>	(1) stations carried only on a part-ti	me basis under
Primary	5	n effect on June 24, 1981, permitting the)(2) and (4), or 76.63 (referring to 76.61		•
ransmitters:	substitute program basis, as	s explained in the next paragraph. With respect to any distant stations ca		
Television	basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio	les, regulations, or authorizations: in space G—but do list it in space I (th	e Special Statement and Program l both on a substitute basis and also see page (v) of the general instruct	Log)—if the o on some other ions.
	"WETA-2" as the same on t Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- n of each station. For U.S. stations, list	vision station for broadcasting over station, an independent station, or a or network multicast), "I" (for indepo "E-M" (for noncommercial education stions in the paper SA1-2 form. the community to which the station	the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	FCC. For Mexican or Canac	lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	e community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
			3. TTPE OF STATION	
	KDMI	19.1	I	DES MOINES, IA
	KDMI	19.3	I-M	DES MOINES, IA
d Rows as Necessary	WOID	5.1	N	AMES/DES MOINES, IA
	WOID2	5.2	N-M	AMES/DES MOINES, IA
	WOID3	5.3	N-M	AMES/DES MOINES, IA
	WOID4	5.4	N-M	AMES/DES MOINES, IA
	WOID6	5.6	N-M	AMES/DES MOINES, IA
	WOID8	5.8	N-M	AMES/DES MOINES, IA
	KCCIDT	8.1	Ν	DES MOINES, IA
	KCCIDT2	8.2	N-M	DES MOINES, IA
	KCCIDT3	8.3	N-M	DES MOINES, IA
	IPTVDT	11.1	Е	DES MOINES, IA
	IPTVD2	11.2	E-M	DES MOINES, IA
	IPTVD3	11.3	E-M	DES MOINES, IA
	IPTVD4	11.4	E-M	DES MOINES, IA
	WHODT	13.1	N	DES MOINES, IA
	WHOD2	13.2	N-M	DES MOINES, IA
	WHOD3	13.3	N-M	DES MOINES, IA
	WHOD4	13.4	N-M	DES MOINES, IA
	KDSMDT	17.1	1	DES MOINES, IA
	KDSMDT2	17.1	I-M	DES MOINES, IA
	KDSMDT2 KDSMDT3	17.2		
			I-M	DES MOINES, IA
	KDSMDT4	17.4	I-M	DES MOINES, IA
	KCWIDT	23.1	I	DES MOINES, IA
	KCWID3	23.3	I-M	DES MOINES, IA
	KCWID4 KCWID5	23.4 23.5	I-M I-M	DES MOINES, IA DES MOINES, IA

ccounting Period:	2022/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	COOPERATIVE TELE	PHONE EXCHANGE		6319
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as	a during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	translator stations and low power telev (1) stations carried only on a part-time ne carriage of certain network program 1(e)(2) and (4))]; and (2) certain statio arried by your cable system on a subst	e basis under s [sections ns carried on a
	basis under specific FCC rul	es, regulations, or authorizations: in space G—but do list it in space I (tl	ne Special Statement and Program Lo	
	List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, WR Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Iso in space I, if the station was carried in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the reform. I number the FCC assigned to the tele CC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c ms, see page (iv) of the general instru- n of each station. For U.S. stations, list	d both on a substitute basis and also o see page (v) of the general instruction rogram services such as HBO, ESPN, e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a ne for network multicast), "I" (for indepen- or "E-M" (for noncommercial educational actions in the paper SA1-2 form. It he community to which the station is ne community with which the station is	is. , etc. Identify each multistream e air in its community oncommercial dent), "I-M" al multicast). licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFPX	39.1	l	DES MOINES, IA
	КГРХ	39.2	I-M	DES MOINES, IA
	KFPX	39.3	I-M	DES MOINES, IA

COOPERAT	OWNER OF C		ISTEM: EXCHANGE						SYSTEM II 631
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					ied on an	н
ipecial Instruct eceivable if (1) n the basis of if or detailed info aper SA1-2 for Column 1: Ic Column 2: S Column 3: If ignal, indicate Column 4: G	tions Concerning, to by monitoring, to by monitoring, to by monitor about m. Bentify the call tate whether t the radio statist this by placing sive the station	rning All y the syst be receiv t the Cop sign of e he statio ion's sign a check n's locatio	I-Band FM Carriage: Under the whenever it is received a ved at the headend, with the sovright Office regulations on the each station carried. In is AM or FM. In al was electronically process at mark in the "S/D" column. In the community to which the the community with which the the the community with which the community with which the the community with which the community which which the community which which the community which which which which which wh	Cc it tl sys his	ppyright Office re he system's heastern's FM anter s point, see page d by the cable sy station is license	egulations, an adend, and (2) ana, during ce e (v) of the ge ystem as a sep ed by the FCC	FM sigr it can b rtain sta neral ins	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Н	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				╎╎					
				$\left \right $					
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Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	COOPERATIVE TELEP	HONE EX	CHANGE					63194
	SUBSTITUTE CARRIAGE			T AND PROGRAM LOG				
	In General: In space I, identi				a distant statio	on that you	r cable syster	n carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm				e general instr	uctions in th	ne paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT	-						
Statement and	 During the accounting per 	-	ir cable system	carry, on a substitute bas	is, any nonne	etwork telev	ision progra	
Program Log	broadcast by a distant stati	ion?					YES	× NO
	Note: If your answer is "No	," leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust comple	te the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever po	ssible, if the	eir meaning i	IS
				ision program ("substitute	program") th	at, during tl	ne accountin	g
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	gramming o	of another sta	ation
	under certain FCC rules, re Do not use general categor	gulations, o ios liko "mo	or authorization	s. See page (v) of the gen	eral instruction for on	ons for furth	ner informatio	on. r
	"NBA Basketball: 76ers vs.		WIES OF DASKE	toall. List specific program		ampie, i L	LOVE LUCY O	I
	Column 2: If the program	n was broad	dcast live, ente	r "Yes." Otherwise enter "N	No."			
				asting the substitute progra		anaad by th	a FCC ar in	
	the case of Mexican or Can			ne community to which the community with which the				
	Column 5: Give the mor	nth and day		tem carried the substitute			, with the mo	onth
	first. Example: for May 7 giv					1 :- 4 41 41-		- h -
	to the nearest five minutes.	es when the Example: a	e substitute pro	gram was carried by your ed by a system from 6:01:	cable system	. List the til 28:30 p m	mes accurate should be	eiy
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that	your systen	n was <i>require</i>	ed
	to delete under FCC rules a was substituted for program							gram
	effect on October 19, 1976.					and rogalat		
					14/115			
	S		E PROGRAM			N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
		+						
		+						
		+						
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Accounting Period:	2022/2		FORM SA	A1-2E. PAGE 6.
Name			S	YSTEM ID#
	COOPERATIVE TELEPHONE EXCHANGE			63194
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amounts (gross receipts) paid to your cable system by subscribers for the system's si (as identified in space E) during the accounting period. For a further explanation of how the 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.	econdary transm to compute this a	ission service mount, see	3,994.68 oss receipts)
	COPYRIGHT ROYALTY FEE			
L 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 th Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information 	an \$527,600.	263,800.	
	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 ye accounting period is \$52.00.	ou must pay for th	is six-month	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			<u> </u>
				<u> </u>
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m			
	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		- 163,994.68	
	5. Enter the amount from line 3		99,805.32	
	6. Subtract line 5 from line 4	\$	64,189.36	
	7. Multiply line 6 by .005 (enter figure here)		\$	320.95
	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		\$	320.95
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	t less than \$527	,600)	
	4. Enter the empirit of grace respirite from opena K			
	Enter the amount of gross receipts from space K 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. 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)	\$	320.95	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	340.95
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form and the Excel inst			

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: VE TELEPHONE EXCHANC	E	SYSTEM ID# 63194
M Channels	to its subscri 1. Enter the t system ca 2. Enter the t on which t	bers, and (2) the cable system' total number of channels on wh rried television broadcast static total number of activated chann he cable system carried televis	ns	stations 30 368
N Individual to Be Contacted		TO BE CONTACTED IF FUR	HER INFORMATION IS NEEDED (Identify an individual unt.)	
for Further Information	Name	ROGER F. ANDERS	DN Tel	lephone 515-826-3206
	Address	425 PARKER ST., P((Number, street, rural route, apa STANHOPE, IA 5024 (City, town, state, zip)	tment, or suite number)	
	Email	cooptelx@neti	ns.net Fax (optional 515	-826-3200
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, com	gned, hereby certify that (Check or rner other than corporation or p ent of owner other than corpor in line 1 of space B and that th ficer or partner) I am an officer in line 1 of space B. hed the statement of account and	nust be certified and signed in accordance with Copyright Office regu ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of s ation or partnership) I am the duly authorized agent of the owner of the o e owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified hereby declare under penalty of law that all statements of fact contained h y knowledge, information, and belief, and are made in good faith.	space B; or cable system as identified as owner of the cable system
			X /s/ Roger F. Anderson mgr.	
			Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe		
		Title:		

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.

unting Period: 2022/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
OPERATIVE TELEPHONE EXCHANGE	63194
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.	P Special Statement Concerning Gross Receipts Exclusion
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 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.	Q Interest Assessment
	Q Interest Assessment
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	Q Interest Assessment
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Date of remittance Check EFT Cable ID # Amon Examined by Reviewed by Date examination completed Allocation number Space A (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) Period Letter sent Information received Accounting Phone call/Date/Contact Space B (enter sent Information received Quere D Accepted Phone call/Date/Contact Space D (enter sent Information received Quere E (enter sent Information received Quere E (enter sent Information received Space E (enter sent Information received Service (enter sent Information received Quere E (enter sent Information received Subscribers: (enter sent Phone call/Date/Contact	of SAs rec'd Initials		Total amount of Number of Number of		ıble orksheet	Cable Worksheet		
Cable ID # Amon Examined by Reviewed by Date examination completed Allocation number Space A Accounting (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) Period Letter sent Information received Accepted Phone call/Date/Contact Space B	FILING FEES	k 🗌 EFT	_ Check	Date of remittance				
Examined by Reviewed by completed Allocation number Space A Accounting Period Letter sent	unt Initials						Cable ID #	
Accounting Period Letter sent Letter sent		ocation number	Allocatio		Reviewed by		Examined by	
Period Letter sent Information received Space B Phone call/Date/Contact Owner Letter sent Information received Letter sent Information received Accepted Phone call/Date/Contact Space D Accepted Phone call/Date/Contact Space D Letter sent Information received Letter sent Information received Accepted Letter sent Information received Accepted Space E Accepted Phone call/Date/Contact Space E Secondary Information received Subscribers: Letter sent Information received Space G Phone call/Date/Contact Space G Primary Transmitters: Phone call/Date/Contact) No spaces)	n-Jun period) or /2 (for Jul-Dec p	/1 (for Jan-Jun	(enter four digit year and				
Space B Owner							-	
Owner	Accepted Phone call/Date/Contact							
Image: Contract in the served in the serv								
Space D Area Served □ Letter sent □ Information received □ Accepted □ Accepted □ Phone call/Date/Contact Space E Secondary Transission Service □ Letter sent □ Information received □ Information received □ Accepted □ Information received □ Accepted □ Accepted □ Phone call/Date/Contact Space G Primary Transmitters: □ Television □ □ □	Letter sent							
Area Served		call/Date/Contact	Phone call/Da	[cepted			
Image: Constraint of the second and								
Space E Secondary Transission Service Subscribers: and Rates Accepted Information received Market Accepted Phone call/Date/Contact Space G Primary Transmitters:		ation received	Information r	[tter sent	Lett		
Secondary Transission Service Subscribers: and Rates Accepted Primary Transmitters: Television		call/Date/Contact	Phone call/Da	[cepted			
Subscribers: Information received and Rates Accepted Phone call/Date/Contact Space G Primary Transmitters: Television							Secondary	
and Rates Accepted Phone call/Date/Contact Space G Primary Transmitters: Television		ation received	Information r	[tter sent	🗌 Lett		
Primary Transmitters:		call/Date/Contact	Phone call/Da	[cepted			
							Primary	
Letter sent		ation received	Information	[tter sent	Lett	Television	
Accepted Phone call/Date/Contact		call/Date/Contact	Phone call/D	[cepted			
Space H Primary Transmitters:							Primary	
Radio Accepted Phone call/Date/Contact		call/Date/Contact	Phone call/D	[cepted		Radio	

Space I Substitute Carriage

Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	