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						
1/4/23	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20222 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
		ALPINE CABLE TELEVISION LC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 1008 (Number, street, rural route, apartment, or suite number)
		ELKADER, IA 52043 (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 is 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	(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 Offce 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 Offce'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 fling, a determination that would be made by a court of law.

Accounting Period:	2022/2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC	FORM SA1-2E. PAGE 1b.  SYSTEM ID#  63226
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated co- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as 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 h	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	ELKADER	IA
Community		
Add Rows as Necessary		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 63226

#### ALPINE CABLE TELEVISION LC

Ε

Service: Subscribers and

Rates

# Secondary Transmission

#### 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	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	45	51.95	ESSENTIALS PACKAGE	113	71.00	
Service to additional set(s)			PREMIER PACKAGE	65	81.00	
• 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		CINEMAX	16.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		НВО	18.00
Fire protection		• Pay cable		SHOWTIME	17.00
•Burglar protection		Pay cable-add'l channel		STARZ	15.00
Installation: Residential		Fire protection			
• First set	124.95	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	29.00		
Converter		Disconnect			
		Outlet relocation			
		<ul> <li>Move to new address</li> </ul>			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63226

# ALPINE CABLE TELEVISION LC

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
KCRG	9	N	CEDAR RAPIDS, IA
KFXA	27	<u> </u>	CEDAR RAPIDS, IA
KGAN	51	N	CEDAR RAPIDS, IA
KPXR	47	<u> </u>	CEDAR RAPIDS, IA
KRIN	35	E	WATERLOO, IA
KWKB	25	<u> </u>	IOWA CITY, IA
KWWL	7	N	WATERLOO, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## ALPINE CABLE TELEVISION LC

63226

#### 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
KCTN	FM		Garnavillo, IA				
(OTIV	· · · · · · · · · · · · · · · · · · ·		Carravillo, IA				
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<b> </b>						
	<b> </b>						
	<b> </b>						
	<b> </b>						
	<b></b>						
	<b></b>						
	<b></b>						
	<b></b>						
						·	
						·	
						·	
						·	
	T						
	T						
<b></b>							
		<u> </u>					
		l				l	

Atime David	4. 2022/2									FOR	4044 OF DAGE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:							FURI	SYSTEM ID#
Name	ALPINE CABLE TELE										63226
	7.2										00220
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT	AND PROGRAM LO	G					
l	In General: In space I, iden	tify every no	nnetwork telev	isio	<i>n program</i> , broadcast by	a distant st	atior	n, that y	your ca	able sys	tem carried on a
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Substitute Carriage:						ne general ii	nstru	ictions	in the	paper S	SA1-2 form.
Special	1. SPECIAL STATEMEN	_				_:	4		. 1		
Statement and											
Program Log	broadcast by a distant sta									YES	NO
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.										
	2. LOG OF SUBSTITUT			+-	line I lee abbreviations			ibla if	thair m		a io
	In General: List each subsclear. If you need more spa					wnerever	poss	sible, II	meiri	meaning	g is
	Column 1: Give the title	of every no	onnetwork tele	visi	on program ("substitute						
	period, was broadcast by a 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	0					licen	sed by	y the F	CC or,	in
	the case of Mexican or Ca								•		
	<b>Column 5:</b> Give the mo first. Example: for May 7 g		when your sy	/ste	m carried the substitute	program. l	Jse	numer	als, wi	ith the n	nonth
	Column 6: State the tim		e substitute pr	ogr	am was carried by your	cable syst	em.	List the	e times	s accur	ately
	to the nearest five minutes	. Example:	a program car	riec	by a system from 6:01	:15 p.m. to	6:28	3:30 p.	m. sho	ould be	•
	stated as "6:00–6:30 p.m."  Column 7: Enter the let	tor "D" if the	listed program	m 14	as substituted for progr	comming the	ot vo	NUT OVO	tom w	oc roou	ired
	to delete under FCC rules										
	was substituted for prograi	mming that									
	effect on October 19, 1976	i.									
						WH	EN S	SUBS	TITUT	E	
	S	UBSTITUT	E PROGRAM	1		CARF					7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH	1	6.	TIMES	3	DELETION
		Yes or No	CALL SIGN	4.	STATION'S LOCATION	AND DAY	F	ROM	_	TO	
				ļ							
									_		
		<del></del>		ļ							
				<del> </del>							
				<del> </del> -							·
		ļ	 	ļ							
				<u> </u>							
									_		
									_		
		<del></del>		ļ							
				<del> </del> -							
				<b></b>							
				<u> </u>							,
				ļ							
									_		

	2022/2				A1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC			3	YSTEM I 632
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.	system's se	econdary transm	ission service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross re			\$ 14 (Amount of gr	9,396.87
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	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 I	ines 1 and 2	2	··	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	100)	
	Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K			-	
	3. Subtract line 2 from line 1	\$	114,403.13	=	
	4. Enter the amount of gross receipts from space K		. \$	149,396.87	
	5. Enter the amount from line 3			114,403.13	
	6. Subtract line 5 from line 4		\$	34,993.74	
	7. Multiply line 6 by .005 (enter figure here)				174.97
	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		\$	174.97
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	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			<u>-</u>	
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines			,	
	FILING FEE AND TOTAL REMITTANCE DI	JE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	174.97	
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			\$	194.97
				-	

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: TELEVISION LC				SYSTEM ID# 63226
<b>M</b> Channels	to its subscribers,  1. Enter the total r system carried to  2. Enter the total r on which the calc	and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television b	the cable		t stations	363
N Individual to Be Contacted		BE CONTACTED IF FURTHI		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	MARGARET CORLET	ГТ	1	Telephone	(563) 245-4481
		PO BOX 1008 (Number, street, rural route, apartm ELKADER, IA 52043		e number)		
	Email	(City, town, state, zip)  MCORLETT@A	ALPINE-C	COMMUNICATIONS.COM Fax (optional)		
	CERTIFICATION (	This statement of account mu	ıst be cer	tified and signed in accordance with Copyright Office re	gulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but oni</i>	ly one, of the boxes.)		
	(Owner	other than corporation or pa	artnershi	p) I am the owner of the cable system as identified in line	1 of space	B; or
				artnership) I am the duly authorized agent of the owner or ta corporation or partnership; or	f the cable :	system as identified
		<b>r or partner)</b> I am an officer (it ne 1 of space B.	f a corpor	ation) or a partner (if a partnership) of the legal entity iden	ntified as ow	vner of the cable system
		, and correct to the best of my		clare under penalty of law that all statements of fact conta ge, information, and belief, and are made in good faith.	ained hereir	1
			X	/s/ Chris Hopp		
				electronic signature on the line above to certify this stateme nature using an "/s/ signature" (e.g., /s/ John Smith)	ent.	
		Typed or printed	name:	CHRIS HOPP		
		Title:		OPERATING OFFICER In held in corporation or partnership)		
		Date:		1/3/2023		

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 fling, a determination that would be made by a court of law.

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ALPIN	E CA	BLE	TELE	VISIC	N LC

PINE CABLE TELEVISION LC	63226
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."	P Special Statement Concerning Gross
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.	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?  NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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 Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.