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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form)	1/4/23	\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (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	
Accounting Period		20222 Barcode Data Filing Period (optional - see instructions)	
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.	63237
		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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	ALPINE CABLE TELEVISION LC	632
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including singl it you list will serve as a form of system identification hereafter kno ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	GUTTENBERG	IA
Community		
dd Rows as Necessary		

	·							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS	TEM ID
	ALPINE CABLE TELEV	ISION LC							6323
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s								
0	system, that is, the retransmission	on of television	and ra	dio broadcasts	by your sy	stem to subscr	ibers. Give	information	
Secondary Transmission	about other services (including plast day of the accounting period						those exist	ing on the	
Service: Sub-	Number of Subscribers: Both	·				,	ble system	, broken	
scribers and	down by categories of secondar					•			
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	and the	
	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. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•			
	sufficient.	,	0			•			
	BLC	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODCOND		TUTE	0/11		WICE	COBCONDENCE	TOTIL
	Service to first set		39	51.95	ESSEN	TIALS PACH	KAGE	124	71.0
	Service to additional set(s)					ER PACKAG		101	81.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				-				
F	In General: Space F calls for ra		,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	ates are cl	narged on a var	iable per-pı	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		ho oob	lo system for o	sch of the	applicable convi	oos listod		
ransmissions: Rates	Block 2: List any services that			•				were not	
	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	ption and inclue	ie ine r	ate for each.					
	brief (two- or three-word) descrip			ate for each.				BLOCK 2	
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLO	CK 1	ate for each.	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
		BLO	CK 1 CATE			RATE	CATEGO		RATE
	CATEGORY OF SERVICE	BLO	CK 1 CATE Install	GORY OF SER		RATE	CATEGO	DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEO Install • Mo	GORY OF SER ation: Non-res		RATE	CINEM/ HBO	DRY OF SERVICE	16.00 18.00
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEO Install • Mo • Co	GORY OF SER ation: Non-res		RATE	CINEM/ HBO SHOWT	DRY OF SERVICE	16.00 18.00 17.00
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEC Install • Mc • Co • Pa	GORY OF SER ation: Non-res otel, hotel mmercial	idential	RATE	CINEM/ HBO	DRY OF SERVICE	RATE 16.00 18.00 17.00 15.00
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATE(Install • Mo • Co • Pa • Pa • Fir	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection	idential	RATE	CINEM/ HBO SHOWT	DRY OF SERVICE	16.00 18.00 17.00
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CK 1 CATE(Install • Mo • Co • Pa • Pa • Fir	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch	idential	RATE	CINEM/ HBO SHOWT	DRY OF SERVICE	16.00 18.00 17.00
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection	idential	RATE	CINEM/ HBO SHOWT	DRY OF SERVICE	16.00 18.00 17.00
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOO	CK 1 CATE(Install • Mo • Co • Pa • Pa • Fin • Bu Other	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential	RATE	CINEM/ HBO SHOWT	DRY OF SERVICE	16.00 18.00 17.00
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO	CK 1 CATEC Install • Mc • Co • Pa • Pa • Fin • Bu Other • Re	GORY OF SER ation: Non-res ttel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential		CINEM/ HBO SHOWT	DRY OF SERVICE	16.00 18.00 17.00
	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)	BLOO	CK 1 CATEC Install • Mo • Co • Pa • Pa • Pa • Bu • Bu • Bu • Re • Dis	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential		CINEM/ HBO SHOWT	DRY OF SERVICE	16.00 18.00 17.00

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM I
Name	ALPINE CABLE TELE			632
	PRIMARY TRANSMITTERS:			
G rimary smitters: levision	In General: In space G, idicarried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast)	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pind with a station according to its over-the- the form. The number the FCC assigned to the televity VRC is channel 4 in Washington, D.C. In case whether the station is a network s ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), on	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program I both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial education	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream r the air in its community a noncommercial pendent), "I-M"
	Column 4: Give the location FCC. For Mexican or Cana	erms, see page (iv) of the general instruction of each station. For U.S. stations, list adian stations, if any, give the name of th	the community to which the station the community with which the station	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG	9	N	CEDAR RAPIDS, IA
	KCRG KFXA	27	N 1	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
s Necessary		•		
s Necessary	KFXA	27	I	CEDAR RAPIDS, IA
Necessary	KFXA	27	l	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
5 Necessary	KFXA KGAN KPXR KRIN	27 51 47 35	 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA
as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
s as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
ıs as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
vs as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
vs as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
vs as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
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	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
vs as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
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vs as Necessary	KFXA	27	I	CEDAR RAPIDS, IA
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	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA

ALPINE CAI	F OWNER OF (SYSTEM I 632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing Give the statior	y the sys be receint the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pag ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CTN	FM		Garnavillo, IA					
		<u> </u>						
								

ccounting Perio	LEGAL NAME OF OWNER OF	- CABLE SYS	I EMI:					SYSTEM ID
Name	ALPINE CABLE TELE							6323
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM L	OG			
	In General: In space I, ident							
.	substitute basis during the a explanation of the programm							
Substitute Carriage:	1. SPECIAL STATEMEN				the general in	Structions in	i the paper of	5A 1-2 10111.
Special	During the accounting per	-			asis anv non	network tel	evision proc	ıram
Statement and Program Log	broadcast by a distant sta				,,,	[YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer	is "Yes," you	must comp	lete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTI							
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoo "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the time to the nearest five minutes.	e of every noi a distant stati egulations, o ries like "mo . Bulls." m was broad sign of the adcast statio nadian station nth and day ive "5/7." nes when the . Example: a	nnetwork tele tion and that y or authorization wies" or "bask dcast live, entu station broadc on's location (i ons, if any, the when your sy e substitute pr	vision program ("substitu our cable system substit ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente casting the substitute pro the community to which t e community with which t stem carried the substitut ogram was carried by yo	uted for the pr eneral instruct ram titles, for o r "No." gram. he station is li he station is ic te program. U ur cable syste	ogramming tions for fur example, "I censed by lentified). se numera m. List the	i of another ther informa Love Lucy" the FCC or, Is, with the i times accur	station ation. ' or in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 10, 1976	ter "R" if the and regulation mming that y	ons in effect d	luring the accounting per	iod; enter the	letter "P" if	the listed pr	
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y	ons in effect d our system w	luring the accounting per as permitted to delete ur	iod; enter the ader FCC rules	letter "P" if s and regul	the listed pr ations in TUTE	ogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y b. UBSTITUTE	ons in effect d your system w E PROGRAM	luring the accounting per as permitted to delete ur	iod; enter the ider FCC rules WHE CARRI	letter "P" if s and regul N SUBST	the listed pr ations in TUTE URRED	
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. UBSTITUTE	ons in effect d our system w	luring the accounting per as permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBST	the listed pr ations in TUTE	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per ras permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	Ietter "P" if s and regul N SUBSTI AGE OCC 6. 1	the listed pr ations in TUTE URRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per ras permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	Ietter "P" if s and regul N SUBSTI AGE OCC 6. 1	the listed pr ations in TUTE URRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per ras permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	Ietter "P" if s and regul N SUBSTI AGE OCC 6. 1	the listed pr ations in TUTE URRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per ras permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	Ietter "P" if s and regul N SUBSTI AGE OCC 6. 1	the listed pr ations in TUTE URRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per ras permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	Ietter "P" if s and regul N SUBSTI AGE OCC 6. 1	the listed pr ations in TUTE URRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per ras permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	Ietter "P" if s and regul N SUBSTI AGE OCC 6. 1	the listed pr ations in TUTE URRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per ras permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	Ietter "P" if s and regul N SUBSTI AGE OCC 6. 1	the listed pr ations in TUTE URRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per ras permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBSTI AGE OCC	the listed pr ations in TUTE URRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per ras permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBSTI AGE OCC	the listed pr ations in TUTE URRED TIMES	ogram 7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per ras permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBSTI AGE OCC	the listed pr ations in TUTE URRED TIMES	ogram 7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per ras permitted to delete ur	iod; enter the ider FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBSTI AGE OCC	the listed pr ations in TUTE URRED TIMES	7. REASON F
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Accounting Period:	2022/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
	ALPINE CABLE TELEVISION LC				63237
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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 re	ystem's se on of how t	condary transm o compute this a	ission service amount, see	2,567.04 by 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 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 i	but less than nformation	an \$527,600 n.	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 royalt accounting period is \$52.00	y 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 lin	nes 1 and 2	,		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	\$	263,800.00	,	
	2. Enter amount of gross receipts from space K	\$	182,567.04		
	3. Subtract line 2 from line 1	\$	81,232.96		
	4. Enter the amount of gross receipts from space K			182,567.04	
	5. Enter the amount from line 3		. \$	81,232.96	
	6. Subtract line 5 from line 4		\$	101,334.08	
	7. Multiply line 6 by .005 (enter figure here)			\$	506.67
	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		\$	506.67
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	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 DU	E			
		_			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	506.67	
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			\$	526.67
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		hts!

Name LEAL HARLE OF OWER OF CALLE SYSTEM. Mane CHANNELS M Channels Channels M Channels Channels Channels M Channels Channels Total and the system carried taken to add where of channels on which the cable system carried taken to add where of channels on which the cable system carried taken to add where of channels on which the cable system carried taken to add where of channels on which the cable system carried taken to add where of channels on which the cable of the cable system carried taken to add where of channels on which the cable of the cable system carried taken to add where of channels on the cable system carried taken to add where of channels on the cable system carried taken to add where of channels on the cable system carried taken to add where of channels on the cable system carried taken the cable system carried taken to add where of channels on the cable system carried taken to add where of channels on the cable system carried taken to add where of channels on the cable system carried taken to add where of channels on the cable system carried taken the cable system carried taken the cable system carried taken to add where of the cable system carried taken to add where of the cable system carried taken to add where of the cable system carried taken to add where of the cable system carried taken the case taken to the cable system carried taken the cacount add where of the cable system taken to add where	ounting Period: 2	2022/2	FORM SA1-2E. PAGE 7
M Channels Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its user-them, and (2) the cable system is not all number of activated channels during the accounting period. 1. Ener the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 364 N Individual to Be Contacted for Further Information MOVIOLAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) 364 N Individual to Be Contacted for Further Information MARGARET CORLETT Telephone (563) 245-4481 Address PO BOX 1008 Telephone (563) 245-4481 More contact about this statement of account.) Exception (563) 245-4481 Address PO BOX 1008 Telephone (563) 245-4481 More contact about this statement of account. Fax (optional) Fax (optional) Certification Certification Fax (optional) Fax (optional) O O Certification • the undersigned, hereby certify that (Check one, <i>dut only one</i> , of the cable system as identified in line 1 of space B; or in line 1 of space B and that the comer is not a coporation or partnership) I am the outer of the cable system as identified in line 1 of space B. • the water of owner other than corporation or partnership) I am the outy subtoriced agent of the cable system as identified in			SYSTEM ID: 6323
Individual to Be Contacted for Further information Name MARGARET CORLETT Telephone (563) 245-4481 Address PO BOX 1008 (Remote states, apadment, or sule number) ELKADER, IAS 2043 C(D) ELKADER, IAS 2043 (CO) (C) (CO) External mode, apadment, or sule number) (C) ELKADER, IAS 2043 (CO) (C) (CO) Fax (optional) (C) Email MCORLETT@ALPINE-COMMUNICATIONS.COM Fax (optional) (C) • I. the undersigned, hereby certify that (Check one.but only one, of the boxes.) • I. the undersigned, hereby certify that (Check one.but only one, of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • I. how examined the statement of account and hereby declare under partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I how examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein in line 1 of space B. • I how we camined the statement of account and hereby declare under penalty of law that all statement. [18 U.S.C., Section 1001(1986)]		 Instructions: You must give (1) the number of channels on which the cable system carried televisito its subscribers, and (2) the cable system's total number of activated channels during the account. 1. Enter the total number of channels on which the cable system carried television broadcast stations	nting period.
for Further Information Name MARGARET CORLETT Telephone (563) 245-4481 Address PO BOX 1008 (Number, steer, run floute, spathment, or sube number) ELKADER, IA 52043 (City, town, state, 70) Email MCORLETT@ALPINE-COMMUNICATIONS.COM Fax (optional) O Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) © (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 conter of the cable system is inden of space B; or • (Officer or partner) I am an officer (f a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • have examined the statement of account and hereby declare under penalty of faw 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. [18 U.S.C., Section 1001(1996)] External corporation 1001(1996)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ndividual to		ual to whom
(Number, street, rural route, spattment, or suite number) ELKADER, IA \$2043 (Cby, town, state, 20) Email MCORLETT@ALPINE-COMMUNICATIONS.COM Fax (optional) O Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	for Further	Name MARGARET CORLETT	Telephone (563) 245-4481
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) Certification • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • (Agent of 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. [18 U.S.C., Section 1001(1986)] Example: X /s/ Chris Hopp External relectronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)		(Number, street, rural route, apartment, or suite number) ELKADER, IA 52043	
O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (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 frue, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Image: Delta Complete: Complete		Email MCORLETT@ALPINE-COMMUNICATIONS.COM Fa	ıx (optional)
Title: CHIEF OPERATING OFFICER (Title of official position held in corporation or partnership) Date: 1/3/2023	0	 I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as ide (Agent of owner other than corporation or partnership) I am the duly authorized agent of 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 leg in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statement are true, complete, and correct to the best of my knowledge, information, and belief, and are made in g [18 U.S.C., Section 1001(1986)] (Section 1001(1986)) Typed or printed name: CHRIS HOPP Title: CHIEF OPERATING OFFICER (Title of official position held in corporation or partnership) 	entified in line 1 of space B; or of the owner of the cable system as identified gal entity identified as owner of the cable system as of fact contained herein good faith.

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

L NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
	SYSTEM I
INE CABLE TELEVISION LC	6323
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub- scribers 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	
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 Assessme
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
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	
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	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
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 \$	
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	
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