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	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are located in the first tab of this workbook	02/27/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20222 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.	63361
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		La Harpe Video & Data Services Company	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		104 N. Center Street (Number, street, rural route, apartment, or suite number)	
		La Harpe, IL 61450 (City, town, state, zip)	
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system of 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 ID#
Humo	La Harpe Video & Data Services Company	63361
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 ho	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First Community	La Harpe	IL .
Community	Fountain Green Uninc. Carthage	IL
Add Rows as Necessary	Uninc. Blandinsville	L L
Add nows as necessary	Village of Terre Haute	IL

								FORM SA1	TEM ID		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: La Harpe Video & Data Services Company										
	La Harpe Video & Data :	Services Co	mpany	/					6336		
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES						
E	In General: The information in sp			-	•						
0	system, that is, the retransmissio										
Secondary Transmission	about other services (including paried		-				ose existing	on the			
Service: Sub-	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										
scribers and	<b>Number of Subscribers:</b> 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										
Rates	each category by counting the nu			•	•						
	separately for the particular servi							-			
	Rate: Give the standard rate ch	-	-				-				
	unit in which it is generally billed.	· · ·	,		y standarc	d rate variations	within a pai	ticular rate			
	category, but do not include disco Block 1: In the left-hand block					ndon <i>u</i> transmissi	on convico	that cable			
	systems most commonly provide										
	that applies to your system. <b>Note</b>							0,			
	categories, that person or entity s			-		-					
	subscriber who pays extra for cal	ble service to a	dditiona	I sets would be	included i	in the count unde	er "Service	to the			
	first set" and would be counted o										
	Block 2: If your cable system h	-		•							
	printed in block 1 (for example, ti with the number of subscribers a										
	sufficient.	nu rates, in the	ngni-na	and DIOCK. A two	0- of three	-word description	I OI UIE SEI	VICE IS			
		OCK 1					BLOCK	2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE		
	Residential:	SUBSCRIB	EKS	RATE	CAT	EGORT OF SER	(VICE	SUBSCRIBERS	RAIL		
	Service to first set		318	40.34	Expand	ded Basic		321	52.7		
	Service to additional set(s)		310	40.34	слранс			JZI	JZ./		
	( )										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SECO	ONDARY TRA	NSMISS	SIONS: RATES							
-	In General: Space F calls for rate					your cable syste	m's service	es that were			
F	not covered in space E, that is, th					,	,				
	service for a single fee. There are			•			0 ( )				
Services	furnished at cost or (2) services of										
Other Than Secondary	amount of the charge and the un		usually i	billed. If any rat	es are cna	arged on a variab	ole per-prog	ram basis,			
ransmissions:	enter only the letters "PP" in the rate column. <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	<b>Block 2:</b> 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.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:		Installa	ation: Non-res	idential						
	• Pay cable		• Mo	tel, hotel							
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial							
	Fire protection		• Pay	/ cable							
	•Burglar protection		• Pa	∕ cable-add'l ch	annel						
			-	e protection							
	Installation: Residential			•							
	Installation: Residential     • First set		• Bur	glar protection							
	• First set			glar protection							
	<ul><li>First set</li><li>Additional set(s)</li></ul>		Other s	services:							
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		Other : • Red	services: connect							
	<ul><li>First set</li><li>Additional set(s)</li></ul>		Other : • Rec • Dis	services: connect connect							
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		Other : • Red • Dis • Out	services: connect							

				SYSTEM I				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	La Harpe Video & Data Services Company							
G rimary ismitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ento (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (th 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 pi d with a station according to its over-the- the form. lel number the FCC assigned to the telev. VRC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (for the form. (for network), "N-M" (for the station. For U.S. stations, list is period each station. For U.S. stations, list is	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a su the Special Statement and Program I both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" tional multicast). n is licensed by the				
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	e community with which the statio	on is identified. 4. LOCATION OF STATION				
	WHBF	4	N	ROCK ISLAND, IL				
	WHBF WHBF-DT2		I-M	ROCK ISLAND, IL ROCK ISLAND, IL				
vs as Necessary	WHBF-DT2	4.2 6		ROCK ISLAND, IL				
vs as Necessary	WHBF-DT2 KWQC	4.2 6	I-M	ROCK ISLAND, IL DAVENPORT, IA				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2	4.2	I-M N	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA				
vs as Necessary	WHBF-DT2 KWQC	4.2 6 6.2	I-M N I-M	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO				
rs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA	4.2 6 6.2 7	I-M N I-M N	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2	4.2 6 6.2 7 7.2	I-M N I-M N N-M	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD	4.2 6 6.2 7 7.2 7.3	I-M N I-M N N-M I-M	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3	4.2 6 6.2 7 7.2 7.3 8	I-M N I-M N N-M I-M N	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2	4.2 6 6.2 7 7.2 7.3 8 8.2	I-M N I-M N N-M I-M N I-M	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3	4.2 6 6.2 7 7.2 7.3 8 8 8.2 8.3	I-M N I-M N N-M I-M N I-M I-M I-M	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT3	4.2 6 6.2 7 7.2 7.3 8 8 8.2 8.3 8.4	I-M N N-M N-M I-M N I-M I-M I-M	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM	4.2 6 6.2 7 7.2 7.3 8 8 8.2 8.3 8.4 10	I-M N N N-M I-M N I-M I-M I-M I-M N	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT3 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2	4.2 6 6.2 7 7.2 7.3 8 8 8.2 8.3 8.4 10 10.2	I-M N N N-M I-M N I-M I-M I-M I-M N N N N-M	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT2 WQAD-DT4 WGEM WGEM-DT2 WGEM-DT2	4.2 6 6.2 7 7.2 7.3 8 8.3 8.4 10 10.2 10.3	I-M N N N-M I-M N N N N N N N N-M	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT4 WQAD-DT4 WGEM-DT2 WGEM-DT3 WGEM-DT3	4.2 6 6.2 7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3 10.4	I-M N N N-M I-M N I-M I-M I-M N N N N N N N-M N-M I-M	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT2 WQAD-DT4 WGEM-DT2 WGEM-DT2 WGEM-DT3 WGEM-DT4 KLJB	4.2 6 6.2 7 7.2 7.3 8 8.3 8.4 10 10.2 10.3 10.4 18	I-M N N N-M I-M N N N N N N N N N N N N N N N N N N N	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD-DT2 WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2 WGEM-DT2 WGEM-DT3 KGEM-DT4 KLJB KGCW	4.2 6 6.2 7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3 10.4 18 26	I-M N N N-M I-M N N N N N N N N N N N N N N N N N N N	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT2 WQAD-DT4 WGEM-DT4 WGEM-DT2 WGEM-DT3 WGEM-DT4 KLJB KGCW KGCW-DT2	4.2 6 6.2 7 7.2 7.3 8 8 8.2 8.3 8.4 10 10.2 10.3 10.4 18 26 26.2	I-M N N N-M I-M N N N N N N N N N N N N N N N N N N N	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL DAVENPORT, IA DAVENPORT, IA				
vs as Necessary	WHBF-DT2 KWQC KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD-DT2 WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM-DT3 WGEM-DT3 WGEM-DT3 WGEM-DT4 KLJB KGCW-DT2 KGCW-DT2 KGCW-DT3	4.2 6 6.2 7 7.2 7.3 8 8.3 8.4 10 10.2 10.3 10.4 18 26 26.2 26.3	I-M N N N-M I-M N N N N N N N N N N N N N N N N N N N	ROCK ISLAND, IL DAVENPORT, IA DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL DAVENPORT, IA DAVENPORT, IA				

Accounting P	Period: 2022	/2					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
La narpe vi		Servic	es Company					6336
all-band basis v	t every radio s vhose signals	station ca were ge	arried on a separate and discr nerally receivable by your cat	ole system during	the accountin	ng perio	d.	н
receivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S	it is carried b monitoring, to ormation abou rm. dentify the cal State whether	y the sys be recein at the Co I sign of the static	I-Band FM Carriage: Under of stem whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process	It the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ige (v) of the g	2) it can ertain s jeneral i	be expected, tated intervals. nstructions in the.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				-, -		

Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	La Harpe Video & Data	Services	Company					63361
	SUBSTITUTE CARRIAGI	E: SPECIA			G			
	In General: In space I, identi					on that you	r cable syste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televis	sion program	n
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	st complete	the progra	m
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS					
	In General: List each subst				wherever pos	sible, if thei	<sup>-</sup> meaning is	5
	clear. If you need more spa			rows to the tables. Ision program ("substitute	program") that	t during the		
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	is for furthe	r informatio	
	Do not use general categor		vies" or "baske	tball." List specific progran	n titles, for exa	imple, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.		least live enter	r "Yes." Otherwise enter "N	lo "			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	numerals,	with the mor	nth
			substitute pro	gram was carried by your	cable system.	List the tim	es accurate	lv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	"D" : ( ()						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.		-			-		
	s	UBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
								"
							_	
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1	1		I					1

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
Name	La Harpe Video & Data Services Company		63361
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service	
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$200 but less block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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 you must pay for th accounting period is \$52.00	is six-montl	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	100)	
	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		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fac and			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati		ts!

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: o & Data Services Compar	ıy		SYSTEM ID# 63361
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	s, and (2) the cable system's to I number of channels on which I television broadcast stations I number of activated channels able system carried television	otal numb n the cable s broadcas		ions 24 250
N Individual to Be Contacted		about this statement of accour		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Mark Irish		Telep	none 217-659-7721
	Address	P.O. Box 462 (Number, street, rural route, apartr La Harpe, IL 61450 (City, town, state, zip)	nent, or sui	ie number)	
	Email	mark@laharpet	elephone	Ecom Fax (optional) 217-65	9-7727
O Certification	I, the undersigned (Owned (Agen in X))     X (Official in in X)     I have examined the term of t	ed, hereby certify that (Check or er other than corporation or part t of owner other than corporation line 1 of space B and that the or er or partner) I am an officer (if line 1 of space B. d the statement of account and h te, and correct to the best of my	ne, <i>but onl</i> artnership tion or pa wner is no a corpora	tified and signed in accordance with Copyright Office regulat <i>y one</i> , of the boxes.) <b>b)</b> I am the owner of the cable system as identified in line 1 of sp <b>rtnership)</b> I am the duly authorized agent of the owner of the ca t a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified ac clare under penalty of law that all statements of fact contained he <i>e</i> , information, and belief, and are made in good faith.	ace B; or ble system as identified s owner of the cable system
				/s/ Mark D. Irish electronic signature on the line above to certify this statement. hature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed		Mark D. Irish	
		Title: (Title of o	Presid fficial position	lent on held in corporation or partnership)	
		Date:		February 27, 2023	
Duite and A at Mating	· O + · · · · · · · · · · · · · · · · ·		horizoo th	e Copyright Office to collect the personally identifying information (	

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 the 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 telephoi 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 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 t 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 lay

	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
arpe Video & Data Services Company	633
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	P Special Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners?          X       NO         YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	
** 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

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