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.

	Return completed workbook	
FOR COPYRIGHT	email to	
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
1/26/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Return completed workbook by email to

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting		Barcode Data Filing Period (optional - see instructions)								
Period										
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.								
Owner		List any other name or names under which the owner conducts the business of the cable system.								
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		Farmers Telephone Company								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		404 S 4th St								
		(Number, street, rural route, apartment, or suite number)								
		Batavia IA 52533 (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								
C	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2									
	2	(Number, street, rural route, apartment, or suite number)								
		(City, town, state, zip code)								

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

Accounting Period:	2022/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Train 0	Farmers Telephone Company	63659
	Instructions: List each separate community served by the cable system. A "communi	ty" is the same as a "community unit" as defined in FCC rules: "a
D	separate and distinct community or municipal entity (including unincorporated community or municorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will service community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Batavia	IA
Community		
Add Rows as Necessary		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63659

## Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**Farmers Telephone Company** 

**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	70	117.00				
Service to additional set(s)	25	7.50				
• 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 1					
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	99.95	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00			
Converter		Disconnect				
		Outlet relocation	75.00			
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

substitute program basis, as explained in the next paragraph.

SYSTEM ID# 63659

# Farmers Telephone Company PRIMARY TRANSMITTERS: TELEVISION

G

# 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 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
(CCI ME TV	333	N	Des Moines, IA
KTVO-ABC	3 & 600	N	Kirksville, MO
KDIM-DT	66	l	Des Moines, IA
KYOU-CW	160	N	Ottumwa, IA
CCI-CBS	8 & 332	N	Des Moines, IA
KCCI-CBS	8.3 & 213	N	Des Moines, IA
KFPX ION	96 & 353	l	Des Moines, IA
KFPX2	354	l	Des Moines, IA
KDIN IPTV	11 & 338	E	Des Moines, IA
WHO NBC	13 & 342	N	Des Moines, IA
KTVO CBS	4 & 335	N	Kirksville, MO
CYOU Fox	15 & 334	N	Ottumwa, IA
KYOU NBC	16 & 355	N	Ottumwa, IA
CYOU Grit	14	N	Ottumwa, IA
KYOU Justice	161	N	Ottumwa, IA
KDIN IPTV Kids	337	E	Des Moines, IA
KDIN IPTV World	340	E	Des Moines, IA
KDIN IPTV Create	339	E	Des Moines, IA
Antenna TV	344	N	Des Moines, IA
CYOU Circle	17	N	Ottumwa, IA
KTVO Comet	44 & 350	N	Kirksville, MO
KDSM DT Fox	349	N	Ottumwa, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Farmers Telephone Company

63659

#### 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
	_				_		

Accounting Perio	d· 2022/2					FOR	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		EM:				SYSTEM ID#
Name	Farmers Telephone Co	mpany					63659
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG			
I	In General: In space I, identi substitute basis during the ad	counting pe	riod, under spe	cific present and former FC	C rules, regula	itions, or authorizations.	For a further
Substitute Carriage:	explanation of the programm				general instru	ictions in the paper SA1	-2 form.
Special	<ul><li>1. SPECIAL STATEMENT</li><li>During the accounting per</li></ul>				s. anv nonnel	twork television progra	m
Statement and Program Log	broadcast by a distant state	-		,,	-, <b>,</b>	YES	X NO
	Note: If your answer is "No.		rest of this pag	e blank If your answer is '	Yes " vou mu	_	
	log in block 2.			e alaille ii year allener ie	,	iot compicto and progra	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad the case of Mexican or Can Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every nor distant statis gulations, o ies like "mor Bulls." In was broad sign of the sidcast static adian statio thand day "ee "5/7." es when the Example: a ler "R" if the and regulation ing that y	add additional ranetwork televion and that your authorizations vies" or "baske licast live, enter tation broadca on's location (thins, if any, the cowhen your syst substitute program carried listed program ons in effect du	ows to the tables. sion program ("substitute pur cable system substitute substitute substitute substitute substitute substitute substitute substitute substitute program of "Yes." Otherwise enter "Notherwise enter "Notherwise enter "Notherwise enter substitute program was carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	program") that d for the program instruction in titles, for existation is lice station is iden program. Use cable system. If p.m. to 6:2 mming that y center the let	t, during the accountin ramming of another stans for further information ample, "I Love Lucy" of tified).  The country of the times accurate the t	g ation on. onth ely
	WHEN SUBSTITUTE						7. DEACON FOR
		2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	AGE OCCURRED  6. TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
		ļ 					
						_	
						_	
						_	
							+
							+
		<b></b>					

Accounting Period:	2022/2			FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Farmers Telephone Company			S	YSTEM ID
					0000
<b>K</b> 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 explanation 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.	system's s on of how t	secondary transn to compute this a	nission service amount, see	<b>9,590.92</b> uss receipts)
	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 in	but less th	nan \$527,600.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00.	y fee that y	you must pay for	this six-month	
	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 line	es 1 and 2	2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	<del>-</del>	
	Enter amount of gross receipts from space K			<u>-</u>	
	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	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	-	_	
	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			
iling Fee and otal Remittance	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
	EFT Trace # or TRANSACTION ID #			]	
	Important: Vour remitteness must be in the form of an electricity	ont nevel	ale to the Desister	r of Conveints	
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.			
Name		DWNER OF CABLE SYSTEM: hone Company				SYSTEM ID# 63659			
M Channels	to its subscribe	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable							
	Enter the tota     on which the	al number of activated channo cable system carried television				20			
N Individual to Be Contacted		O BE CONTACTED IF FURT about this statement of accordance	HER INFORMATION IS NEED int.)	ED (Identify an in	dividual				
for Further Information	Name	Vince Tyson			Telephone	641-662-2373			
	Address	(Number, street, rural route, apart Batavia, IA 52533	nent, or suite number)						
		(City, town, state, zip)							
	Email	vtyson@mycmi	ecri.com		Fax (optional <u>641-664-978</u>				
О	CERTIFICATION	(This statement of account m	ust be certified and signed in a	ccordance with C	opyright Office regulations)				
Certification			ne, but only one, of the boxes.)						
			artnership) I am the owner of tl	•					
	(Agen		tion or partnership) I am the or e owner is not a corporation or p		ent of the owner of the cable s	ystem as identified			
	X (Offic	eer or partner) I am an officer ( in line 1 of space B.	f a corporation) or a partner (if a	a partnership) of th	e legal entity identified as ow	ner of the cable system			
		ete, and correct to the best of m	hereby declare under penalty of y knowledge, information, and b						
			X /s/ Vince Tyson	l					
			Enter an electronic signature on Enter signature using an "/s/ sig						
		Typed or printed	name: Vince Tyson						
		Title:	General Manager le of official position held in corporati	on or partnership)					
		Date:			1/26/2023				

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counting Period: 2022/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
rmers Telephone Company	63659
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 made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Owner Address  ID number First community served Accounting period	

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