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							
02/28/23	\$ ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		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								
	CORN BELT TELEPHONE CO INC								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO BOX 445 [Number, street, rural route, apartment, or suite number)							
		WALL LAKE, IA 51466 (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 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:							
		CORN BELT COMMUNICATIONS							
		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 suffciency of the fling, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

		FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Name	CORN BELT TELEPHONE CO INC	69							
	Instructions: List each separate community served by the cable system. A "communi	ty" is the same as a "community unit" as defined in FCC rule							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below.								
Served	identified city.								
	CITY OR TOWN	STATE							
First	Wall Lake	IA							
Community	Lake View	IA							
	Sac City	IA							
Rows as Necessary									
nows as necessary									

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6925

CORN BELT TELEPHONE CO INC

Ε

Secondary Transmission Service: Subscribers and Rates

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	2,947	106.00				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	12	506.20	NURSING HOME	6	#####	
Commercial	269	106.00	NURSING HOME	6	#####	
Converter						
Residential						
Non-residential						
					ĭ	

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	59.95		
 Pay cable—add'l channel 		Commercial	59.95		
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	59.95	Burglar protection			
 Additional set(s) 	-	Other services:			
 FM radio (if separate rate) 		Reconnect	35.00		
Converter		Disconnect			
		Outlet relocation	50.00		
		Move to new address			

ccounting Period: 2020/2 FORM SA1-2E. PAGE 3 EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 6925 CORN BELT TELEPHONE CO INC 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 G 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 Primary 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 Transmitters Television 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 Lift the station was carried both on a substitute basis and also on some other Last use station nere, and also in space i, in the station was called soul or a substitute basis and also office some 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KCCI 8 N DES MOINES, IA KTIV HD 4.1 N SIOUX CITY, IA KTIV CW N-M SIOUX CITY, IA 4.2 KTIV METV 4.3 N-M SIOUX CITY, IA KTIV COURT TV N-M SIOUX CITY, IA 4.4 KPTH HD 44.1 Ν SIOUX CITY, IA SIOUX CITY, IA KMEG DABL N-M 14.1 KMEG CHARGE 14.2 N-M SIOUX CITY, IA KMEG STADIUM 14.4 N-M SIOUX CITY, IA WOI HD N AMES, IA WOI TRUE CRIME 5.2 N-M AMES. IA WOI GRIT 5.3 N-M AMES. IA WOI COZI 5.4 N-M AMES, IA KPTH CBS HD 44.3 Ν SIOUX CITY, IA KPTH TBD TV N-M SIOUX CITY, IA 44.2 KMEG COMET TV 14.3 N-M SIOUX CITY, IA KCAU HD 9.1 Ν SIOUX CITY, IA KCAU COURT TV MY N-M SIOUX CITY, IA 9.2 KCAU BOUNCE TV N-M SIOUX CITY, IA 9.4 KCAU LAFF SIOUX CITY, IA 9.3 N-M KTIN HD FORT DODGE, IA 21.1 Ε KTIN LEARNS 21.2 E-M FORT DODGE, IA KTIN WORLD E-M FORT DODGE, IA 21.3 KTIN CREATE FORT DODGE, IA 21.4 E-M

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CORN BELT TELEPHONE CO INC

692

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
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Accounting Perio	od: 2022/2							FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF								SYSTEM ID#
Name	CORN BELT TELEPH	ONE CO I	NC						6925
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, idensubstitute basis during the explanation of the programm 1. SPECIAL STATEMEN. • During the accounting period broadcast by a distant stance of the sta	GE: SPECIJ titify every no accounting p ming that mu IT CONCEI eriod, did yo ation? o", leave the E PROGR/ stitute prograce, please e of every no a distant sta a gulations, ories like "mo bulls." In was broa I sign of the	AL STATEME Innetwork televior, under syste included RNING SUBS ur cable syste e rest of this part and additional additional and that you can unthorizatio ovies" or "bask addast live, entitation broadd	ision pecific pecific in this TITU m carr age bl l rows voir ca rows v	program, broadcast by present and former Fillog, see page (v) of the control of t	y a distant stare CC rules, regarded the general instants asis, any noning subsequently subseque	must com ossible, if hat, durin ogrammir icions for frexample,	relevision pro PES Aplete the pro I their meaning the accounts of another urther inform I Love Lucy	rstem carried on a ons. For a further SA1-2 form. gram X NO ogram ng is nting r station lation.
	the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	onth and day live "5/7." nes when th s. Example: tter "R" if the and regulat mming that	when your sy e substitute pr a program car e listed program ions in effect o	rstem rogran ried b m was during	carried the substituten was carried by you y a system from 6:0 substituted for progethe accounting period	e program. U Ir cable syste 1:15 p.m. to 6 Iramming that od; enter the	se numer m. List th 5:28:30 p. t your sys letter "P"	e times accum. should be stem was <i>req</i> if the listed p	ırately e nuired
		SUBSTITUT	E PROGRAN	1			N SUBS	TITUTE CURRED	7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN		TATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION
		Tes or No	CALL SIGN	4. 3	TATION'S LOCATION	AND DAT	FROIVI		
									"""
		-							
						-			"""
								_	"""
								_	
								_	

Accounting Period:	2022/2 FORM SA1-2E. PAGE	Ξ6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CORN BELT TELEPHONE CO INC 692	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total call amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. \$ 290,408.52 IMPORTANT: You must complete a statement in space P concerning gross receipts.	
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross 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 but less than or equal to \$263,800 Use 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.	
	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 this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	-
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	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	-
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	-
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
540	Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	
	EFT Trace # or TRANSACTION ID # 2745CL5U	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2022/2					FORM SA1-2E	. PAGE 7.	
Name		VNER OF CABLE SYSTEM: LEPHONE CO INC				SYS ⁻	TEM ID# 6925	
M Channels	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 system carried television broadcast stations. 24 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.							
N Individual to Be Contacted for Further	we can contact abo	BE CONTACTED IF FURTHE out this statement of account	ER INFORMATION IS NEEDI	ED (Identify an ind		712-664-2221		
Information	Address (108 MAIN ST PO BOX Number, street, rural route, apartm WALL LAKE, IA 5146	ent, or suite number)		Теврионе	112-004-2221		
	Email	City, town, state, zip) CBTELCO@NE	TINS.NET		Fax (optional)			
	CERTIFICATION (T	his statement of account mu	st be certified and signed in a	accordance with Co	opvright Office regulations)			
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 true, complete, [18 U.S.C., Section	-	knowledge, information, and b $oldsymbol{X}$ /S/ BILL BROT		e in good faith.			
			Enter an electronic signature or Enter signature using an "/s/ sig	n the line above to c				
			VICE PRESIDENT					
		(Title of off	icial position held in corporation or p	partnership)				
		Date:			2/28/23			

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

RN BELT TELEPHONE CO INC	6925
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 Receipts Exclusion
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 \$	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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	

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)