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					
8/1/2023	\$ ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (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
	MUTUAL COMMUNICATIONS SERVICES INC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 311 (Number, street, rural route, apartment, or suite number)
	HARLAN IA 51537
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright 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 filing, a determination that would be made by a court of law.

Accounting Period:	2023/1							
	LEGUL VILLE OF GUILED OF GUDIE OVERTELL	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	MUTUAL COMMUNICATIONS SERVICES INC	14319						
D	Instructions: List each separate community served by the cable system. A "common separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will such community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first						
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Area Served	city.							
	CITY OR TOWN	STATE						
First	IRWIN	IA						
Community	EARLING	IA						
	WESTPHALIA	IA						
Add Rows as Necessary	PANAMA	IA						
	DEFIANCE	IA						
	HANCOCK	IA						
	MANILLA	IA						
	TENNANT	IA						
	JACKSONVILLE	IA						
	KIRKMAN	IA						
	CORLEY	IA						
	HARLAN	IA						
	DUNLAP	IA						

Accounting Period: 2023/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14319

MUTUAL COMMUNICATIONS SERVICES 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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	630	82.95			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					RATE
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
 Pay cable—add'l channel 		Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	20.00	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	10.00			
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 14319

MUTUAL COMMUNICATIONS SERVICES INC

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 program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMTV	3	N	OMAHA, NE
KMTV DT2	3.1	N	OMAHA, NE
KMTV DT3	3.3	N	OMAHA, NE
KMTV DT4	3.4	N	OMAHA, NE
KMTV DT5	3.5	N	OMAHA, NE
KPTM	4	N	OMAHA, NE
KPTM DT2	42.2	N	OMAHA, NE
KPTM DT3	42.3	N	OMAHA, NE
KPTM DT4	42.4	N	OMAHA, NE
KDSM	5	N	DES MOINES, IA
KDSM DT2	95	N	DES MOINES, IA
KDSM DT3	105	N	DES MOINES, IA
KDSM DT4	111	N	DES MOINES, IA
WOWT	6	N	OMAHA, NE
WOWT DT2	6.2	N	OMAHA, NE
WOWT DT3	6.3	N	OMAHA, NE
WOWT DT4	6.4	N	OMAHA, NE
WOWT DT5	6.5	N	OMAHA, NE
WOWT DT6	6.6	N	OMAHA, NE
KETV	7	N	OMAHA, NE
KETV DT2	7.2	N	OMAHA, NE
KCCI	8	N	DES MOINES, IA
KCCI DT2	98	N	DES MOINES, IA
KCCI DT3	108	N	DES MOINES, IA
KHIN	12	E	RED OAK, IA

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

MUTUAL COMMUNICATIONS SERVICES INC

4319 14319

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KXVO	15	I	OMAHA, NE
KXVO DT2	15.2	I	OMAHA, NE
KXVO DT3	15.3	I	OMAHA, NE
KYNE	26	I	OMAHA, NE
KYNE DT2	26.12	I	OMAHA, NE
KYNE DT3	26.13	I	OMAHA, NE
KYNE DT4	26.14	I	OMAHA, NE
KHIN DT2	36.12	E	RED OAK, IA
KHIN DT3	36.13	E	RED OAK, IA
KHIN DT4	36.14	E	RED OAK, IA

MUTUAL COMMUNICATIONS SERVICES INC

14319

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).

ALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF								
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Accounting Period: 2023/1 FORM SA1-2E. PAGE 5.									
/ tecounting reno	LEGAL NAME OF OWNER OF CABLE SYSTEM:							101	SYSTEM ID#
Name	MUTUAL COMMUNICA	TIONS SE	RVICES INC						14319
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LO	G				
I Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								For a further
Carriage:									
Special Statement and	During the accounting peri	od, did youi	cable system	carry, on a substitute ba	asis,	any nonnet	work telev	ision prograr	n
Program Log									X NO
	Note: If your answer is "No,	" leave the	rest of this nad	e blank If your answer	ic "Y	es " voll mi	ıst comple		
	,	icave tric	rest of this pag	c blank. If your answer	13 1	cs, you me	ist comple	te trie progra	
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								g tion n. nth ely
	effect on October 19, 1976.								
						WHE	N SUBST	TITUTE	
	S	UBSTITUT	E PROGRAM		07 11 11 102 0 0 0 0 1 11 122			7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	.	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
		163 01 110	CALL SIGIV	4. STATIONS ECCATIO		AND DAT	TROW	<u>— то</u>	
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Accounting Period: 2	2023/1		FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MUTUAL COMMUNICATIONS SERVICES INC		SYSTEM ID# 14319
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	secondary transmi w to compute this a	ssion service
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. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less. See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	than \$527,600.	:63,800.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00. Line 1. Royalty fee for accounting period		is six-month
	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	12	· · <u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	00)
	Base amount under statutory formula	263,800.00	
	2. 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	· · · · <u> </u>	
	5. Enter the amount from line 3	· · · · <u> </u>	
	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 (I	out less than \$527,	,600)
	Enter the amount of gross receipts from space K	312,815.02	-
	2. Base amount under statutory formula	263,800.00	_
	3. Subtract line 2 from line 1	49,015.02	•
	4. Multiply line 3 by .01		490.15
	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	3	\$ 1,809.15
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	<u>\$</u>	1,809.15
Due	Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00
	2g . 22 (200 the metadotes of these mornation of thing to calculations)	··· <u> </u>	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 1,829.15
	EFT Trace # or TRANSACTION ID #	276URORM	
	<u>Important:</u> Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form and the Excel in		

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS SERVICES	SINC		SYSTEM ID# 14319
M Channels	to its subscribers 1. Enter the tota system carrie 2. Enter the tota on which the	s, and (2) the cable system's I number of channels on which d television broadcast station I number of activated channe cable system carried television	total num th the cal s Is		35 118
N Individual to		D BE CONTACTED IF FURTH about this statement of accou		ORMATION IS NEEDED (Identify an individual	
Be Contacted for Further Information	Name	Jacie Scheffler		Telepho	ne <mark>712-744-3131</mark>
	Address	801 19th St (Number, street, rural route, apartr Harlan IA 51537 (City, town, state, zip)	ment, or su	ilte number)	
	Email	jacie@fmctc.coi	m	Fax (optional	
	CERTIFICATION (This statement of account mu	ust be ce	rtified and signed in accordance with Copyright Office regulation	s)
O Certification		d, hereby certify that (Check or		ip) I am the owner of the cable system as identified in line 1 of space	ee B; or
				partnership) I am the duly authorized agent of the owner of the cables not a corporation or partnership; or	e system as identified
		er or partner) I am an officer (i in line 1 of space B.	f a corpo	ration) or a partner (if a partnership) of the legal entity identified as	owner of the cable system
		te, and correct to the best of m		eclare under penalty of law that all statements of fact contained here dge, information, and belief, and are made in good faith.	in
	I		X	/s/ Thomas Conry	_
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Thomas Conry	
		Title:	CEO le of officia	il position held in corporation or partnership)	
		Date:		8/1/2023	

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

Accounting Period: 2023/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 14319 **MUTUAL COMMUNICATIONS SERVICES INC** 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-P 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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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. 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 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. O For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment days 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 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

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Address

ID number

First community served Accounting period