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						
7/27/2023	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@loc.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
	Farmers Mutual Telephone Company
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	608 E Congress Street (Number, street, rural route, apartment, or suite number)
	Nora Springs, IA 50458
	(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	IDENTIFICATION OF CABLE SYSTEM:
	1
	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.

Parmers Mutual Telephone Company  D  O  Intervitorin Use to his papers commenty used by the cable option. A "community" is the same as a "community and" as defined in SCC ration separate and distinct community or municipal entity (including unincorporated areas, and including single, sits unincorporated areas, 27 CFL R. 78.5(s)ft. The fact community have lest will serve as a form of system identification hereafter known as the "sorved better before a three to the same that we lest will serve as a form of system identification hereafter known as the "sorved before the same parts should be reported in parentheses below the ident Community." If the same are a form of system identification hereafter known as the "sorved before the same parts should be reported in parentheses below the ident Community." If the same is a form of system identification hereafter known as the "sorved before the ident Community." If the same parts should be reported in parentheses below the ident Community. If the same parts should be reported in parentheses below the ident Community. If the same parts should be reported in parentheses below the ident Community. If the same parts should be reported in parentheses below the ident Community. If the same parts should be reported in parentheses below the ident Community. If the same parts should be reported in parentheses below the ident Community. If the same parts should be reported in parentheses below the ident Community. If the same parts should be reported in parentheses below the ident Community. If the same parts should be reported in parentheses below the ident Community. If the same parts should be reported in parentheses below the ident Community. If the same parenthese parentheses are form of specific parentheses are form of specific parentheses are form of specific parentheses. It is the same parentheses are form of specific parentheses are form of specific parentheses. It is the same parentheses are form of specific parentheses are form of specific parentheses are form of speci		LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 "community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.    CITY OR TOWN	Name		
CITY OR TOWN   STATE	D	Instructions: List each separate community served by the cable system. A "community" is separate and distinct community or municipal entity (including unincorporated communiunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	s the same as a "community unit" as defined in FCC rules: "a ities within unincorporated areas and including single, discre as a form of system identification hereafter known as the "fi
CITY OR TOWN   STATE	Aron	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identif
First Community         Rudd         IA           Community         Elma         IA           Rows as Necessary         Greene         IA           Rows as Necessary         Greene         IA           Lime Springs         IA           Little Cedar         IA           McIntire         IA           Marble Rock         IA           New Haven         IA           Nora Springs         IA           Osage         IA           Plymouth         IA           Riceville         IA           Rock Falls         IA           Rockford         IA           St. Ansgar         IA		city.	
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Lime Springs			
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Nora Springs         IA           Osage         IA           Plymouth         IA           Riceville         IA           Rock Falls         IA           Rockford         IA           St. Ansgar         IA			
Osage         IA           Plymouth         IA           Riceville         IA           Rock Falls         IA           Rockford         IA           St. Ansgar         IA			
Plymouth         IA           Riceville         IA           Rock Falls         IA           Rockford         IA           St. Ansgar         IA			
Riceville         IA           Rock Falls         IA           Rockford         IA           St. Ansgar         IA			
Rock Falls IA Rockford IA St. Ansgar IA			
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St. Ansgar IA			

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 35539

### **Farmers Mutual Telephone Company**

# 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:							
<ul> <li>Service to first set</li> </ul>	56	139.95	IPTV	41	#####		
Service to additional set(s)			HD Included	15	0		
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		1					

# 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		НВО	18.00
Pay cable—add'l channel		Commercial		Showtime	16.00
Fire protection		Pay cable		Cinemax	16.00
•Burglar protection		Pay cable-add'l channel		Starz/Encore	16.00
Installation: Residential		Fire protection		IPTV all premium	66.00
• First set	30.00	Burglar protection		Digital all premium	55.00
Additional set(s)		Other services:		high speed internet	52.95
• FM radio (if separate rate)		Reconnect	30.00	via cable 5	52.95
Converter		Disconnect		via cable 10	58.95
		Outlet relocation		via cable 15	77.95
		Move to new address	30.00		

# **Section F**

Additional Speeds	Rates	
5MB (DSL, CM, FTTH)	\$	52.95
10MB (CM, FTTH)	\$	58.95
15MB (CM, FTTH)	\$	77.95
25Mbps/3Mbps (FTTH)	\$	69.95
Internet - 50 Mbps/25Mbps (CM, FTTH)	\$	89.95
100 Mbps/50Mbps (CM, FTTH)	\$	99.95
200 Mbps/100Mbps (FTTH)	\$	119.95
300 Mbps/150Mbps (FTTH)	\$	129.95
500 Mbps/250Mbps (FTTH)	\$	169.95
1 Gbps/500Mbps (FTTH)	\$	249.95

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Farmers Mutual Telephone Company

SYSTEM ID# 35539

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAAL	36	N	Austin, MN
KAAL-HD	36.1	N-M	Austin, MN
KCRG-TV	9	N	Cedar Rapids, IA
KGAN	51	N	Cedar Rapids, IA
KGAN-2	51.1	I-M	Cedar Rapids, IA
KSMQ-TV	20	Е	Austin, MN
кттс	10	N	Rochester, MN
KTTC-HD	10.1	N-M	Rochester, MN
KWWL	7	N	Waterloo, IA
KXLT-TV	46	I-M	Rochester, MN
KXLT-2	461	I-M	Rochester, MN
KXLT-HD	46.2	I-M	Rochester, MN
KYIN	18	E	Mason City, IA
KIMT	42	N	Mason City, IA
KIMT-2	42.1	I-M	Mason City, IA
KIMT-HD	42.2	N-M	Mason City, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

35539

### **Farmers Mutual Telephone Company**

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

Н

**Primary** Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period.

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.

- 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		2.4.D.I.E. 0.V.O.T.						FOR	M SA1-2E. PAGE 5.
Name	Farmers Mutual Teleph								35539
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  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.								
Substitute Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT During the accounting periproadcast by a distant state Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reponot use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call secolumn 4: Give the broad the case of Mexican or Cancolumn 5: Give the mon first. Example: for May 7 gives the state of the case of May 7 gives the state of the case of May 7 gives the state of the case of May 7 gives the state of the case of May 7 gives the state of the case of May 7 gives the state of the case of May 7 gives the state of the case of May 7 gives the state of the case of May 7 gives the state of the case of May 7 gives the state of the case of the case of May 7 gives the state of the case of the ca	CONCERI od, did your ion?  I, leave the  PROGRA itute progra ce, please a of every nor diversant stati gulations, oo es like "mor Bulls." n was broace sign of the s dcast static adian statio th and day e "5/7."	rest of this page  MS m on a separa add additional restwork televity on and that your r authorizations vies" or "baske cleast live, enterestation broadca in's location (the one), if any, the of the owner system when your system when your system	TUTE CARRIAGE carry, on a substitute base e blank. If your answer te line. Use abbreviation ows to the tables. sion program ("substitut ur cable system substitut ur cable system substitut s. See page (v) of the ge taball." List specific progra "Yes." Otherwise enter sting the substitute prograe community to which the community with which the	asis is "\ is "\ is where an and a side of the side of the side of the property of the propert	herever postorogram") that for the progral instruction titles, for extor."  1. tation is lice tation is ider togram. Use	ust completed in the state of t	ision prograr YES te the progra eir meaning is the accounting f another sta er informatio ove Lucy" or the FCC or, in with the mo	NO m
	Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	Example: a er "R" if the nd regulation ming that y	program carrions program ons in effect du our system wa	ed by a system from 6:0 was substituted for progring the accounting peris permitted to delete un	1:1 gran od;	5 p.m. to 6:2 nming that y enter the let FCC rules a	e8:30 p.m. sour system ter "P" if the ind regulat	should be n was <i>require</i> e listed progr ions in	ed ram
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY	AGE OCC 6. FROM	TIMES TO	7. REASON FOR DELETION

Accounting Period:	2023/1			FORM S	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Farmers Mutual Telephone Company			S	YSTEM ID# 35539			
<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 sy (as identified in space E) during the accounting period. For a further explanatio 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.	ystem's see	condary transmi compute this a	ission service mount, see	0,523.62 oss 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 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	7,100 OR I	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty 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 lin	nes 1 and 2		<u> </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	100)				
	Base amount under statutory formula	\$	263,800.00	-				
	2. Enter amount of gross receipts from space K	\$	160,523.62	-				
	3. Subtract line 2 from line 1	\$	103,276.38	=				
	4. Enter the amount of gross receipts from space K		\$	160,523.62				
	5. Enter the amount from line 3		\$	103,276.38				
	6. Subtract line 5 from line 4		\$	57,247.24				
	7. Multiply line 6 by .005 (enter figure here)			\$	286.24			
	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		\$	286.24			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)				
	4 February and of many analysis from the M							
	Enter the amount of gross receipts from space K		262 900 00	-				
	2. Base amount under statutory formula	<b>&gt;</b>	263,800.00	-				
	3. Subtract line 2 from line 1			-				
	4. Multiply line 3 by .01		•	4 240 00				
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)      Interest charge. Enter the amount from line 4, space Q, page 8		<b>-</b>	1,319.00 0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	, 5, and 6						
	FILING FEE AND TOTAL REMITTANCE DU	E						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	286.24				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	306.24			
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1				nts!			

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER Farmers Mutual Tele					SYSTEM ID# 35539
<b>M</b> Channels	to its subscribers, and	d (2) the cable system's to	total numb h the cabl	ls on which the cable system carried te ber of activated channels during the ac le	counting period.	16
	on which the cable	nber of activated channels system carried television services	n broadca	ast stations		113
N Individual to Be Contacted	we can contact about	t this statement of accour		RMATION IS NEEDED (Identify an ind		
for Further Information		lanie Johanns B E Congress Stree	at P.O.	Box 518	Telephone	641-749-2531
	(Num	ra Spring, IA 50488 town, state, zip)	nent, or suit	ie number)		
	Email	mjohanns@omn	nitel.biz		Fax (optional	
0	CERTIFICATION (This s	statement of account mu	ust be cert	tified and signed in accordance with Co	pyright Office regulations)	
Certification	• I, the undersigned, her	reby certify that (Check on	ne, <i>but onl</i>	y one, of the boxes.)		
	(Owner other	er than corporation or pa	artnership	p) I am the owner of the cable system as	identified in line 1 of space I	3; ог
	in line	e 1 of space B and that the	e owner is	artnership) I am the duly authorized ager not a corporation or partnership; or		
	in line	e 1 of space B.	·	ation) or a partner (if a partnership) of the		ner of the cable system
		d correct to the best of my	-	clare under penalty of law that all stateme ge, information, and belief, and are made		
			X	"/s/ Josh Hveem"		
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name:	Josh Hveem		
				lent/CEO position held in corporation or partnership)		
		Date:			7/19/23	

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

counting Period: 2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
rmers Mutual Telephone Company	35539
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 additional lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section or information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?	the basic t include sub- ction 119."  Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un- For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	dava
X	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
· ·	est charge)
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assist contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	tance please
** 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 C list below the owner, address, first community served, ID number, and accounting period as given in the original	
Owner	
Address	
ID number	
First community served	
Accounting period	

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