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				
07/05/2023	\$ 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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20231 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
		ALPINE CABLE TELEVISION LC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 1008 (Number, street, rural route, apartment, or suite number)
		ELKADER, IA 52043 (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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Accounting Period:	2023/1	5050004.05.005.4							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#							
Name	ALPINE CABLE TELEVISION LC	63468							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	identified city.	onie parks snoulu be reporteu in parentneses below the							
	CITY OR TOWN	STATE							
First Community	GARNAVILLO	IA							
Add Rows as Necessary									

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63468

ALPINE CABLE TELEVISION LC

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 	8	52.00	PREMIER PACKAGE	48	76.00	
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
 Residential 						
Non-residential						
1		1	i e		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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable		 Motel, hotel 		CINEMAX	16.00	
 Pay cable—add'l channel 		Commercial		НВО	18.00	
Fire protection		• Pay cable		SHOWTIME	17.00	
Burglar protection		 Pay cable-add'l channel 		STARZ	15.00	
Installation: Residential		 Fire protection 				
• First set	124.95	 Burglar protection 				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		 Reconnect 	29.00			
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:

SYSTEM ID# 63468

ALPINE CABLE TELEVISION LC 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 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
KCRG	9	N	CEDAR RAPIDS, IA
KFXA	27	<u> </u>	CEDAR RAPIDS, IA
KGAN	51	N	CEDAR RAPIDS, IA
KPXR	47	l	CEDAR RAPIDS, IA
KRIN	35	E	WATERLOO, IA
KWKB	25	I	IOWA CITY, IA
KWWL	7	N	WATERLOO, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63468

ALPINE CABLE TELEVISION LC

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).

KCTN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KCTN				OALL GIOIV	AWOTTW	O/D	EGOATION OF STATION
	FM		Garnavillo, IA				
		 					
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	od: 2023/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	ALPINE CABLE TELE	VISION L	C					63468
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, ider substitute basis during the explanation of the program 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant stance Note: If your answer is "Note in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general categor "NBA Basketball: 76ers vs Column 2: If the program Column 3: Give the cal Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g	E: SPECIA titify every no accounting p ming that mu IT CONCEI briod, did you ation? brio, leave the E PROGRA stitute prograce, please e of every no a distant sta egulations, unries like "mo a Bulls." m was broad a sign of the badcast stati nadian stati nath and day ive "5/7."	AL STATEME Innetwork telev period, under sy est be included RNING SUBS ur cable system e rest of this pa AMS am on a sepan add additiona connetwork telev ition and that y or authorizatio covies" or "bask adcast live, ent station broadd ion's location (ons, if any, the or when your sy	age blank. If your answer is rate line. Use abbreviations if rows to the tables. Poisson program ("substitute your cable system substitute ins. See page (v) of the generated in the community to which the community to which the	a distant sta CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever pe e program") the ded for the pro- neral instruct am titles, for each 'No."	ulations, of structions network te must compossible, if nat, during ogrammin tions for fuexample, 'censed by entified).	representation and the paper selevision processes of the paper selevision processes of the	stem carried on a ons. For a further SA1-2 form. gram X NO gram gram 'or ting station ation. 'or in month
	to delete under FCC rules	ter "R" if the and regulat mming that	e listed programi ions in effect o	ried by a system from 6:01 m was substituted for progr during the accounting perio vas permitted to delete und	ramming that od; enter the l	your sys etter "P" i	tem was <i>requ</i> f the listed p	uired
					WHE	N SUBST	TITUTE	
	S		E PROGRAM	1		AGE OC	CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	SUBSTITUT	E PROGRAM 3. STATION'S CALL SIGN			AGE OC		7. REASON FOR DELETION
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	
		SUBSTITUT 2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC	CURRED TIMES	

LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC	SY	STEM I
		6346
all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	sion service nount, see \$ 41	,864.41 ss receipts)
COPYRIGHT ROYALTY FEE nstructions: 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 \$26 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.	3,800	
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	is six-mon	
	\$	52.00
		0.00
		52.00
	0)	
<u> </u>		
		
<u> </u>		0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	00)	
1. Enter the amount of gross receipts from space K		
	1 319 00	
FILING FEE AND TOTAL REWITTANCE DUE		
Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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
_		
	all amounts (gross receipts) pidd to your cable system by subscribers for the system's secondary transmiss and sadentified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions located in the page A1-2 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. DOPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete 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 \$137,100 or less. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than or equal to \$26 use page (vi) of the general instructions located in the pager \$4.12 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 the 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 \$137,10 or less) and the second process of the second proces	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. DOPYRIGHT ROYALTY FEE INSTRUCTIONS: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 2 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 \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$252,800 but less than or equal to \$263,800 Use block 2 if the amount of gross receipts in space K is more than \$252,800 but less than or equal to \$263,800 Use block 2 if the amount of gross receipts of \$137,100 or less. Use block 2 if the amount of gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52,00 End 1, Royalty fee for accounting period . \$ 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 \$253,800 OR LESS (but more than \$137,100) 1, Base amount under statutory formula . \$ 263,800.00 2. Enter amount of gross receipts from space K . 5. Enter the amount from line 3. 6. Subtract line 2 from line 1. 4. Enter the amount 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 . 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 . 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 . FILING FEE AND TOTAL REMITTANCE DUE 1. Royalty Fee

Accounting Period:	2023/1 FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC 63468
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 . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 361
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name MARGARET CORLETT Telephone (563) 245-4481
Information	Address PO BOX 1008 (Number, street, rural route, apartment, or suite number) ELKADER, IA 52043 (City, town, state, zip)
	Email MCORLETT@ALPINE-COMMUNICATIONS.COM Fax (optional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 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, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: CHRIS HOPP Title: CHIEF OPERATING OFFICER (Title of official position held in corporation or partnership)
	Date: 7/3/2023

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

Accounting Period: 2023/1 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTE	M:			SYSTEM II	
ALPINE CABLE TELEVISION LC				6346	38
SPECIAL STATEMENT CON The Satellite Home Viewer Act of 19 lowing sentence: "In determining the total numl service of providing secondar scribers and amounts collecte	88 amended Title 17, section per of subscribers and the gro y transmissions of primary br	111(d)(1)(A), of the Coposs amounts paid to the coodcast transmitters, the	yright Act by adding the fol- cable system for the basic system shall not include su	ub- Special Statement Concerning Gross	
For more information on when to exclosated in the paper SA1-2 form.	lude these amounts, see the	note on page (vii) of the	general instructions	Receipts Exclusion	ı
During the accounting period, did the made by satellite carriers to satellite	•	mounts of gross receipts	for secondary transmissions	ıs	
NO YES. Enter the total here and lis	t the satellite carrier(s) below	\$			
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSMENT	11				=
You must complete this worksheet for For an explanation of interest assess					
Line 1 Enter the amount of late pay	ment or underpayment		x	Interest Assessmen	ıt
Line 2 Multiply line 1 by the interest	rate* and enter the sum here			days	
Line 3 Multiply line 2 by the number	of days late and enter the su	ım here	x 0.00274	-	
Line 4 Multiply line 3 by 0.00274**; in space L, (page 6) block 1,		ock 3 line 6	\$ (interest charge)	-	
* To view the interest rate chart of contact the Licensing Division a			For further assistance pleas	ise	
** This is the decimal equivalent	of 1/365, which is the interest	assessment for one day	late.		
NOTE: If you are filing this worksheelist below the owner, address, first co	_				
Owner Address					
ID number					

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 th 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.

First community served Accounting period