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.

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## SA1-2E Short Form

Return completed workbook

STATEM	ENT OF ACCO	DUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ary Transmissions	by	DATE RECEIVED	AMOUNT	<ul> <li><u>coplicsoa@copyright.gov</u></li> </ul>
General instru	ems (Short Form) uctions are located of this workbook		8/22/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α		NOD COVERED	BY THIS STATEMENT: (	YYYY/(Period))	-
	2023/1		Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31 al - see instructions)	
Accounting Period					
<b>B</b> Owner	title of the subsidia List any other nam If there were differ single statement of	rry, not that of the pare e or names under whicl ent owners during the f account and royalty fe	ent corporation. h the owner conducts the business o accounting period, only the owner o se payment covering the entire accou-	n the last day of the accounting period shoul	
		OF OWNER/MAILING	G ADDRESS OF CABLE SYSTE	М	
	WTC Communic BUSINESS NAM		F CABLE SYSTEM (IF DIFFEREN	IT)	
	PO Box 970	ESS OF OWNER OF oute, apartment, or suite nu 2778			
C System	names already appear			entify the business and operation of t the system, if different from the addre	
Gystein	1				
		S OF CABLE SYSTEM:			
	(City, town, state, zip c	ode)			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	WTC Communications, Inc.	0
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
First	CITY OR TOWN Wilton	STATE IA
Community		
Rows as Necessary		

								FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF C							515	
	WTC Communications,	Inc.							
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	ERS AND RA	TES				
Е	In General: The information in s	•		-	•				
0	system, that is, the retransmissio								
Secondary Transmission	about other services (including p last day of the accounting period						iose existir	ig on the	
Service: Sub-	Number of Subscribers: Both	`			. ,		le system,	broken	
scribers and	down by categories of secondary	y transmission s	service.	In general, you	can comp	oute the numbe	of subscri	bers in	
Rates	each category by counting the nu							charged	
	separately for the particular server <b>Rate:</b> Give the standard rate c							and the	
	unit in which it is generally billed.								
	category, but do not include disc				ly standart		, within a pe		
	Block 1: In the left-hand block				es of seco	ndary transmis	sion service	e that cable	
	systems most commonly provide							0,	
	that applies to your system. Note			-		-			
	categories, that person or entity subscriber who pays extra for ca				••	0,	•		
	first set" and would be counted o								
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti	iers of services	that incl	ude one or mo	re second	ary transmissio	ns), list the	m, together	
	with the number of subscribers a	and rates, in the	right-ha	ind block. A two	o- or three	-word description	on of the se	ervice is	
	sufficient.	OCK 1					BLOCK	· 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		200	22.02					
	Service to first set		368	33.99					
	Service to additional set(s)		20	65.99					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	;				
-	In General: Space F calls for rat					your cable syst	em's servio	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		<b>,</b> .	·····, ···,				J,	
Fransmissions:									
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip	1 0			ned. List t	nese other serv	ices in the	form of a	
	CATEGORY OF SERVICE	BLOO RATE		ORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi			UATEOC		
	• Pay cable			el, hotel		55.00			
	• Pay cable—add'l channel			nmercial		55.00			
	Fire protection			cable		00.00			
	in the protection			cable-add'l cha	annel				
	•Burglar protection			protection					
	•Burglar protection		·FIIE	protection					
	Installation: Residential	55.00		•					
	Installation: Residential • First set	55.00	• Burg	lar protection					
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> </ul>	55.00	• Burg Other s	glar protection ervices:		05.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	55.00	• Burç Other s • Rec	glar protection ervices: onnect		25.00			
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> </ul>	55.00	• Burg Other s • Rec • Disc	Jlar protection ervices: onnect onnect					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	55.00	• Burg Other s • Rec • Disc • Outl	glar protection ervices: onnect		25.00 60.00/hr 10.00			

	2023/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER (			SYSTEM II
	WTC Communicatio	•		
G Primary ansmitters: Felevision	PRIMARY TRANSMITTERS In General: In space G, ic carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do not list the station here station was carried only of • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same or Column 2: Give the chan of license. For example, N Column 3: Indicate in eace educational station, by en (for independent multicast	TELEVISION dentify every television station (including t em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s</b> : With respect to any distant stations can rules, regulations, or authorizations: are in space G—but do list it in space I (the n a substitute basis. I also in space I, if the station was carried ion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the- the form. nel number the FCC assigned to the televe NRC is channel 4 in Washington, D.C. th case whether the station is a network s tering the letter "N" (for network), "N-M" (for ), "E" (for noncommercial educational), on	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain stat rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial education	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each port multistream r the air in its community a noncommercial pendent), "I-M"
	Column 4: Give the locati	terms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of th	the community to which the station	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHBF	4	Ν	Rock Island, IL
	KWQC	6	N	Davenport, IA
Rows as Necessary	KWQC	6.3	N-M	Davenport, IA
	KWQC	6.4	N-M	Davenport, IA
	KWQC	6.5	N-M	Davenport, IA
	WQAD	8	Ν	Moline, IL
		8.2	N1 N4	Mallera II
	WQAD		N-M	Moline, IL
			N-M	
	WQAD	8.3	N-M	Moline, IL
	WQAD KDIN	8.3 12	N-M E	Moline, IL Iowa City, IA
	WQAD KDIN KDIN	8.3 12 12.2	N-M E E-M	Moline, IL Iowa City, IA Iowa City, IA
	WQAD KDIN KDIN KDIN	8.3 12 12.2 12.3	N-M E E-M E-M	Moline, IL Iowa City, IA Iowa City, IA Iowa City, IA
	WQAD KDIN KDIN KDIN KDIN	8.3 12 12.2 12.3 12.4	N-M E E-M E-M E-M	Moline, IL Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA
	WQAD KDIN KDIN KDIN KDIN KLJB	8.3 12 12.2 12.3 12.4 18	N-M E E-M E-M E-M N	Moline, IL Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Davenport, IA
	WQAD KDIN KDIN KDIN KDIN KLJB	8.3 12 12.2 12.3 12.4 18 18.2	N-M E E-M E-M E-M N N-M	Moline, IL Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Davenport, IA Davenport, IA
	WQAD KDIN KDIN KDIN KDIN KLJB KLJB KGCW	8.3 12 12.2 12.3 12.4 18 18.2 24	N-M E E-M E-M E-M N N N-M N	Moline, IL Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Davenport, IA Davenport, IA Burlington, IA
	WQAD KDIN KDIN KDIN KLJB KLJB KGCW	8.3 12 12.2 12.3 12.4 18 18.2 24 24.2	N-M E E-M E-M E-M N N N-M N-M	Moline, IL Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Davenport, IA Davenport, IA Burlington, IA
	WQAD KDIN KDIN KDIN KLJB KLJB KGCW KGCW	8.3 12 12.2 12.3 12.4 18 18.2 24 24.2 24	N-M E E-M E-M E-M N N N-M N-M E	Moline, IL Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Davenport, IA Davenport, IA Burlington, IA Burlington, IA Moline, IL
	WQAD KDIN KDIN KDIN KLJB KLJB KGCW	8.3 12 12.2 12.3 12.4 18 18.2 24 24.2	N-M E E-M E-M E-M N N N-M N-M	Moline, IL Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Davenport, IA Davenport, IA Burlington, IA
	WQAD KDIN KDIN KDIN KLJB KLJB KGCW KGCW	8.3 12 12.2 12.3 12.4 18 18.2 24 24.2 24	N-M E E-M E-M E-M N N N-M N-M E	Moline, IL Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Davenport, IA Davenport, IA Burlington, IA Burlington, IA
	WQAD KDIN KDIN KDIN KLJB KLJB KGCW KGCW	8.3 12 12.2 12.3 12.4 18 18.2 24 24.2 24	N-M E E-M E-M E-M N N N-M N-M E	Moline, IL Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Davenport, IA Davenport, IA Burlington, IA Burlington, IA

Accounting Period:	: 2023/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	WTC Communications	s, Inc <u>.</u>		
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, excep	translator stations and low power tele $t$ (1) stations carried only on a part-tim	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b>	)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c	he carriage of certain network program 61(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs	ons carried on a
			he Special Statement and Program Lo	pg)—if the
	basis. For further information	n concerning substitute basis stations,	ed both on a substitute basis and also on , see page (v) of the general instruction program services such as HBO, ESPN	ns.
	"WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WF	ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	e-air designation. For example, report	ne air in its community
	educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru n of each station. For U.S. stations, list	station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ndent), "I-M" nal multicast). s licensed by the
		· · · -	·	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF			YSTEM:					SYSTEM
NTC Comm	unications,	, Inc.						
PRIMARY TRA			arried on a separate and discre	ete hasis and list	those FM stat	tions co	rried on an	н
			nerally receivable by your cab					
			I-Band FM Carriage: Under C tem whenever it is received a					Primary Transmitters
. ,	-		ved at the headend, with the	•		,	-	Radio
or detailed info	ormation abou		pyright Office regulations on t					
aper SA1-2 for			h - 4 - 4'					
			each station carried. on is AM or FM.					
			nal was electronically process	ed by the cable s	system as a se	eparate	and discrete	
			k mark in the "S/D" column.					
			on (the community to which th			C or, in	the case of	
iexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ea).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				P				

Accounting Perio	od: 2023/1							ORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF WTC Communications		STEM:					SYSTEM ID
		s, mc.						
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	tify every nor accounting p	nnetwork televi eriod, under sp	sion program, broadcast b becific present and former	oy a <i>distant</i> sta FCC rules, reg	ulations, o	r authoriz	ations. For a further
Carriage:	1. SPECIAL STATEMEN	-						
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute b	asis, any non	network te	levision p	progr <u>am</u>
Program Log	broadcast by a distant sta	ation?					YE	s × NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ge blank. If your answer	is "Yes," you	must com	plete the	program
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broa the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes.	stitute progra ace, please of every not a distant state egulations, of ries like "mot . Bulls." m was broa sign of the adcast station nadian station th and day ive "5/7."	am on a separ add additional ponnetwork tele- tion and that y pr authorization povies" or "bask dcast live, entor station broadco on's location (to ons, if any, the r when your sy e substitute pro-	rows to the tables. vision program ("substitut our cable system substitu- ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter asting the substitute prog the community to which the scommunity with which the stem carried the substitute ogram was carried by you	te program") t uted for the pr eneral instruct am titles, for o "No." gram. he station is li he station is li te program. U ur cable syste	hat, during ogrammin tions for fu example, " censed by lentified). se numera m. List the	g the acco g of anoth rther info l Love Lu the FCC als, with the times ac	ounting her station rmation. loy" or or, in he month courately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	and regulati	ions in effect d	uring the accounting peri	iod; enter the	letter "P" i	f the listed	d program
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati mming that y i.	ions in effect d your system w	uring the accounting peri as permitted to delete un	iod; enter the der FCC rules	letter "P" if s and regu	f the listed lations in	d program
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati mming that y i. UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	uring the accounting peri as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	etter "P" in s and regu N SUBST AGE OCC	f the listed lations in TITUTE CURRED TIMES	) 7. REASON FO DELETION
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati	ions in effect d your system w	uring the accounting peri as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	etter "P" in and regul N SUBST	f the listed lations in TITUTE CURRED	) 7. REASON FO DELETION
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati mming that y i. UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	uring the accounting peri as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	etter "P" in s and regu N SUBST AGE OCC	f the listed lations in TITUTE CURRED TIMES	) 7. REASON FO DELETION
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati mming that y i. UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	uring the accounting peri as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	etter "P" in s and regu N SUBST AGE OCC	f the listed lations in TITUTE CURRED TIMES	) 7. REASON FO DELETION
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati mming that y i. UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	uring the accounting peri as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	etter "P" in s and regu N SUBST AGE OCC	f the listed lations in TITUTE CURRED TIMES	) 7. REASON FO DELETION
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati mming that y i. UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	uring the accounting peri as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	etter "P" in s and regu N SUBST AGE OCC	f the listed lations in TITUTE CURRED TIMES	) 7. REASON FO DELETION

Accounting Period:	<b>2023/1</b> FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID WTC Communications, Inc.
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 c all 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 for secondary transmission service(s) during the accounting period. <b>96,280.81</b> (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 \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( 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 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 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 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 \$ 263,800.00
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID # 277BG02Q
	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.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WTC Communications, Inc.	SYSTEM ID# 0
<b>M</b> 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 .         on which the cable system carried television broadcast stations and nonbroadcast services .	25 140
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Jean Edhlund Telephone 21	8-692-5494
	Address PO Box J (Number, street, rural route, apartment, or suite number) Menahga, MN 56464 (City, town, state, zip)	
	Email jean.edhlund@cooperative-networks.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>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)]</li> </ul>	em as identified
	X       /s/ Mark Peterson         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:       Mark Peterson	
	Title:     President       (Title of official position held in corporation or partnership)       Date:     8/22/2023	

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 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 telephon 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 i 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 th 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

unting Period: 20	23/1				FORM SA1-2E. PAGE
L NAME OF OWNE	R OF CABLE SYSTEM:				SYSTEM II
C Communica	tions, Inc.				
The Satellite Hor lowing sentence: "In determ service of scribers a For more informa located in the pa During the account	nining the total number of subscribers and the gross and providing secondary transmissions of primary broadc nd amounts collected from subscribers receiving second tion on when to exclude these amounts, see the note	d)(1)(A), of the Copy nounts paid to the ca ast transmitters, the ndary transmissions on page (vii) of the g	right Act by adding the fol- able system for the basic system shall not include su pursuant to section 119." general instructions	ıb-	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter t	he total here and list the satellite carrier(s) below				
Name Mailing Address	Na Ma	me iling Address			
INTEREST A	SSESSMENT				
You must comple					
•	ete this worksheet for those royalty payments submitte on of interest assessment, see page (viii) of the genera			nt.	Q
For an explanation	on of interest assessment, see page (viii) of the genera	I instructions located		nt.	Q Interest Assessmen
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For an explanation	on of interest assessment, see page (viii) of the genera	I instructions located	h in the paper SA1-2 form.		<b>Q</b> Interest Assessmen
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For an explanation	on of interest assessment, see page (viii) of the general amount of late payment or underpayment	I instructions located	h in the paper SA1-2 form.	-	<b>Q</b> Interest Assessmer
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For an explanation Line 1 Enter the Line 2 Multiply I Line 3 Multiply I Line 4 Multiply I Line 4 Multiply I in space * To view the contact the ** This is the NOTE: If you are list below the ow Owner Address	on of interest assessment, see page (viii) of the general a amount of late payment or underpayment	I instructions located	x x x x 0.00274 \$ (interest charge) For further assistance plea late. the Copyright Office, pleas	days 	Q Interest Assessme

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.