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								
07/28/2023	\$ ALLOCATION NUMBER								

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CORN BELT TELEPHONE CO INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 445 (Number, street, rural route, apartment, or suite number)
		WALL LAKE, IA 51466 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		CORN BELT COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM:
	2	
		(Number, street, rural route, apartment, or suite number) (City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name		69
	CORN BELT TELEPHONE CO INC	
D	Instructions: List each separate community served by the cable system. A "comn "a separate and distinct community or municipal entity (including unincorporated 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	d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	ile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Wall Lake	IA
Community	Lake View	IA
	Sac City	IA
Rows as Necessary	Auburn	IA
	<u> </u>	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: CORN BELT TELEPHONE CO INC

SYSTEM ID# 6925

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS	NAIL	CATEGORT OF SERVICE	SUBSCRIBERS	NAIL	
Service to first set	2,605	113.00				
Service to additional set(s)						
 FM radio (if separate rate) 						
Motel, hotel	12	506.20	NURSING HOME	11	414.14	
Commercial	272	113.00	NURSING HOME	6	181.60	
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	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel	59.95		
 Pay cable—add'l channel 		Commercial	59.95		
 Fire protection 		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
 First set 	59.95	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	35.00		
 Converter 		Disconnect			
		Outlet relocation	50.00		
		Move to new address			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3 SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM: Name CORN BELT TELEPHONE CO INC 6925 n General: In space G. identify every television station (including translator stations and low power television stations) G acried 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 Primary Transmitters: Television substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program asis under specific FCC rules, regulations, or authorizations PDo 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 nulticast 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 deducational 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), "E" (f 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 4. LOCATION OF STATION 3. TYPE OF STATION DES MOINES, IA KCCI 8 N KTIV HD N SIOUX CITY, IA SIOUX CITY, IA KTIV CW 4.2 N-M KTIV METV SIOUX CITY, IA 4.3 KTIV COURT TV 4.4 N-M SIOUX CITY, IA КРТН НО 44.1 N SIOUX CITY, IA KMEG DABL SIOUX CITY, IA 14.1 N-M KMEG CHARGE SIOUX CITY, IA 14.2 N-M KMEG STADIUM SIOUX CITY, IA 14.4 N-M WOI HD AMES, IA 5.1 WOI TRUE CRIME 5.2 N-M AMES. IA WOI GRIT N-M AMES, IA 5.3 WOI COZI 5.4 N-M AMES, IA КРТН CBS HD SIOUX CITY, IA 44.3 N KPTH TBD TV SIOUX CITY, IA 44.2 N-M KMEG COMET TV 14.3 N-M SIOUX CITY, IA KCAU HD SIOUX CITY, IA 9.1 N KCAU COURT TV MY 9.2 N-M SIOUX CITY, IA KCAU BOUNCE TV 9.4 N-M SIOUX CITY, IA KCAU LAFF 9.3 N-M SIOUX CITY, IA KTIN HD 21.1 Е FORT DODGE, IA KTIN LEARNS 21.2 E-M FORT DODGE, IA KTIN WORLD 21.3 E-M FORT DODGE, IA KTIN CREATE FORT DODGE, IA 21.4 E-M

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CORN BELT TELEPHONE CO INC

6925

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
	L						
							
							
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Accounting Perio							FOR	M SA1-2E. PAGE 5.					
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#					
Name	CORN BELT TELEPHO	ONE CO IN	NC					6925					
	CURCUITUTE CARRIACI	C. CDECIA	V CTATEME	NT AND DDOCDAM I)C								
ı	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	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.												
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBST	TITUTE CARRIAGE									
Special	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork televis	sion progran	1					
Statement and Program Log	broadcast by a distant sta	tion?					YES	X NO					
r rogram Log	Note: If your answer is "No"	' leave the	rest of this pag	e blank If your answer is	"Yes" you m	ust complete	_	_					
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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, re												
	Do not use general categor	ies like "mo											
	"NBA Basketball: 76ers vs. Column 2: If the program		deast live enter	r "Ves " Otherwise enter "	No."								
	Column 3: Give the call												
	Column 4: Give the broa	adcast statio	on's location (th	ne community to which the	e station is lice		FCC or, in						
	the case of Mexican or Can						with the mor	ath					
	Column 5: Give the mor first. Example: for May 7 gives		when your sys	tem carned the substitute	program. Use	e numerais,	with the mor	iui					
	Column 6: State the time		substitute pro	gram was carried by your	cable system	. List the tim	es accurate	ly					
	to the nearest five minutes.	Example: a	ı program carri	ed by a system from 6:01	:15 p.m. to 6:2	28:30 p.m. sl	nould be						
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progr	amming that v	our system	was require	d					
	to delete under FCC rules a												
	was substituted for program		our system wa	s permitted to delete und	er FCC rules a	and regulation	ns in						
	effect on October 19, 1976.												
					WHEN SUBSTITUTE								
	S	UBSTITUT	E PROGRAM	1	CARR	IAGE OCC	URRED	7. REASON FOR					
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION					
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> ТО</u>						
		 											
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Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CORN BELT TELEPHONE CO INC	SYSTEM ID# 6925
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ission service amount, see
	during the accounting period	\$ 308,359.72 (Amount of gross 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 \$2 to 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.	263,800
	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 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	0.00
	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 \$137,1	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	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,	600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	445.60
	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	\$ 1,764.60
	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)	1,764.60
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	\$ 1,784.60
	EFT Trace # or TRANSACTION ID # 276RPGIA	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

Accounting Period:	2023/1										FORM	SA1-2E. PAGE 7
Name	CORN BELT TELE	NER OF CABLE SYSTEM: EPHONE CO INC										SYSTEM ID#
M Channels	to its subscribers, an 1. Enter the total nur system carried tele 2. Enter the total nur on which the cable	nust give (1) the number of nd (2) the cable system's to mber of channels on which evision broadcast stations. The property of activated channels be system carried television to services	the cable	ber of ac	tivated channe	ells during the	e accour	nting period.			24 72	
N Individual to Be Contacted		CONTACTED IF FURTHE ut this statement of account		PRMATIC	ON IS NEEDE) (Identify an	individ	ual to whom				
for Further Information	Name EI	MILY SWENSEN							Telephone	712-664-2	2221	
	l	08 MAIN ST PO BOX umber, street, rural route, apartm		ite number	·)							
		VALL LAKE, IA 5146 ity, town, state, zip)	6									
	Email	CBTELCO@NE	TINS.NE	ET			Fa	ax (optional)				
0	CERTIFICATION (Thi	is statement of account mu	ıst be cert	rtified an	d signed in ac	cordance with	h Copyı	right Office r	egulations)			
O Certification	• I, the undersigned, h	nereby certify that (Check on	ie, <i>but onl</i> y	ly one , of	the boxes.)							
	(Owner oth	her than corporation or pa	ırtnership	p) I am th	ne owner of the	cable system	n as ider	ntified in line	1 of space B	or		
		owner other than corporat 1 of space B and that the ow					agent of	the owner of	f the cable sy	stem as ident	ified	
		or partner) I am an officer (if 1 of space B.	a corpora	ation) or	a partner (if a p	artnership) of	f the leg	al entity iden	tified as own	er of the cable	e system	
		e statement of account and h nd correct to the best of my k 001(1986)]							ined herein			
					ILL BROTH							
					c signature on the sign of the				ent.			
		Typed or printed	name:	BILL	BROTHER	RTON						
			VICE F		DENT corporation or pa	ırtnership)						
		Date:						7/28/2023				

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counting Period: 2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DRN BELT TELEPHONE CO INC	6925
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
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? 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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
xdays	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	

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