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 (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting		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.						
		T						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION, INC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO BOX 9 (Number, street, rural route, apartment, or suite number)						
		SPRINGVILLE, IA 52336 (City, town, state, zip)						
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С	name	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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 11							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID 85:							
	SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION, INC								
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v as the "first community." Please use it as the first community on all future fillings.	nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
Served	identified city.								
	CITY OR TOWN	STATE							
First	SPRINGVILLE	IA							
Community									
Add Rows as Necessary									
•									
		011111111111111111111111111111111111111							
		011111111111111111111111111111111111111							
		011111111111111111111111111111111111111							

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION, INC

853

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	32	35.00	EXPANDED VIDEO	198	#####		
Service to additional set(s)			SET TOP BOXES	262	5.00		
• FM radio (if separate rate)			PVR	114	7.00		
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	17.00	Motel, hotel			
 Pay cable—add'l channel 	15.00	Commercial			
Fire protection		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
 Additional set(s) 	50.00	Other services:			
• FM radio (if separate rate)		Reconnect	15.00		
Converter		Disconnect			
		Outlet relocation	50.00		
		Move to new address	50.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION, INC

853

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
KGAN	2	N	CEDAR RAPIDS, IA
KFXA	2.2	N	CEDAR RAPIDS, IA
GET TV	2.3	N-M	CEDAR RAPIDS, IA
KWWL	7	N	CEDAR RAPIDS, IA
HEROES & ICON	7.2	N-M	CEDAR RAPIDS, IA
ME-TV	7.3	N-M	CEDAR RAPIDS, IA
COURT TV	7.4	N-M	CEDAR RAPIDS, IA
TRUE CRIME	7.5	N-M	CEDAR RAPIDS, IA
KCRG	9	N	CEDAR RAPIDS, IA
MY NETWORK	9.2	N-M	CEDAR RAPIDS, IA
CW	9.3	N-M	CEDAR RAPIDS, IA
IPTV	12	E	IOWA CITY, IA
IPTV KIDS	12.2	E-M	IOWA CITY, IA
IPTV WORLD	12.3	E-M	IOWA CITY, IA
IPTV CREATE	12.4	E-M	IOWA CITY, IA
KWKB	2	<u> </u>	CEDAR RAPIDS, IA
COURT TV MYSTERY	20.2	I-M	CEDAR RAPIDS, IA
DABLE	28	N-M	CEDAR RAPIDS, IA
CHARGE	28.2	N-M	CEDAR RAPIDS, IA
TBD TV	28.3	N-M	CEDAR RAPIDS, IA
STADIUM TV	28.4	N-M	CEDAR RAPIDS, IA
COMET TV	28.5	N-M	CEDAR RAPIDS, IA
KPXR	48	<u> </u>	CEDAR RAPIDS, IA
GRIT	48.2	I-M	CEDAR RAPIDS, IA

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION, INC

853

G

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations)

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
BOUNCE	48.3	I-M	CEDAR RAPIDS, IA
KFXB	40	I	CEDAR RAPIDS, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION, INC

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
KHAK	FM		CEDAR RAPIDS, IA				
NHAN	- I I I I		CEDAR RAPIDS, IA				
	-						
	-					 	
	-						
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	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				<u>'</u>	FORM SA1-2E. PAG SYSTEM I		
Name	SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION, INC									
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
ı	In General: In space I, iden substitute basis during the a	accounting p	eriod, under sp	pecific present and former F0	CC rules, reg	ulations, c	r authoriz	ations. For a furthe		
ubstitute	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 STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special tement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
ogram Log	broadcast by a distant sta						YE			
	Note: If your answer is "No log in block 2.	o," leave the	rest of this pa	ige blank. If your answer is	"Yes," you r	nust com	plete the	program		
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs				wherever po	ossible, if	their mea	aning is		
	clear. If you need more spa					4	. 41	. 4 :		
	period, was broadcast by a			vision program ("substitute						
	under certain FCC rules, re									
	Do not use general catego									
	"NBA Basketball: 76ers vs		decat Control	"\/ " \\ - " \\ " \\ - " \\ - " \\ - " \\ - " \\ - " \\ - " \\ - " \\ - " \\ - " \\ - " \\ - " \\ " \\ - " \\ " \\ - " \\ " \\ - " \\	NI- "					
				er "Yes." Otherwise enter " asting the substitute progra						
				the community to which the		ensed by	the FCC	or, in		
	the case of Mexican or Ca							·, ···		
		•	when your sy	stem carried the substitute	program. Us	se numera	als, with t	he month		
	first. Example: for May 7 gi		4:44			. 1:-44	. 4:			
	to the nearest five minutes			ogram was carried by your						
	stated as "6:00-6:30 p.m."		a program can	iled by a system from 0.01.	. 10 p.111. to 0	.20.00 p.i	II. SIIOUIU	i bc		
	Column 7: Enter the let	ter "R" if the		n was substituted for progr						
	to delete under FCC rules									
	was substituted for program	•	your system w	as permitted to delete unde	er FCC rules	and regu	ılations in	1		
	effect on October 19, 1976).			Т					
	s	UBSTITUT	E PROGRAM	1		N SUBS				
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH 6. TIMES					
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			TIMES	•		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION		

	2023/1 LEGAL NAME OF OWNER OF CABLE SYSTEM:			A1-2E. PAGE YSTEM I I
Name	SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION, INC			85
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of the page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	n's secondary tran now to compute th	smission servic is amount, se	•
	during the accounting period		\$ 14 (Amount of gr	7,488.00 oss 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 les Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more informa	ss than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00.	at you must pay for	this six-month	
	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 an	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but			
	Base amount under statutory formula	263,800.00		
	Enter amount of gross receipts from space K	147,488.00		
	3. Subtract line 2 from line 1	116,312.00		
	Enter the amount of gross receipts from space K	\$	147,488.00	
	5. Enter the amount from line 3	\$	116,312.00	
	6. Subtract line 5 from line 4	\$	31,176.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	155.88
	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.		·_\$	155.88
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out less than \$52	7,600)	
	4. Cates the amount of week was into from annual V			
	Enter the amount of gross receipts from space K. Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1	203,000.00	_	
	4. Multiply line 3 by .01		_	
	Novalty 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			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and			
		0		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	155.88	
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		\$	175.88
	EFT Trace # or TRANSACTION ID #	276R061U		
	Important: Your remittance must be in the form of an electronic payment pa			
	See page i of the general instructions in the paper SA1-2 form and the Excel in	structions tab for i	more informatio	<u>n</u> .

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: COOPERATIVE TELEPHO	ONE ASSOCIATION	, INC		SYSTEM ID# 853
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	ou must give (1) the number of s, and (2) the cable system's to number of channels on which television broadcast stations number of activated channels able system carried television ast services	otal number of activate the cable s broadcast stations	ed channels during the a	ccounting period.	26 196
N Individual to		BE CONTACTED IF FURTH about this statement of accour		NEEDED (Identify an ir	ndividual	
Be Contacted for Further Information	Name	KIM SNITKER			Telephone	319-854-6107
	Address	207 BROADWAY, PO (Number, street, rural route, apartr SPRINGVILLE, IA 523 (City, town, state, zip)	nent, or suite number)			
	Email	springvl@netins	s.net		Fax (optional) 319-854-901	0
O Certification	I, the undersign (Owne	Typed or printed	artnership) I am the overtien or partnership) I where is not a corporation or a partnership of a corporation	wher of the cable system am the duly authorized and or partnership; or rther (if a partnership) of benalty of law that all state and belief, and are ma SNITKER ature on the line above to a "/s/ signature" (e.g., /s/	as identified in line 1 of space gent of the owner of the cable the legal entity identified as over ements of fact contained hereide in good faith. certify this statement. John Smith)	system as identified vner of the cable system
		Date:			07/27/2023	

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

Accounting Period: 2023/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 853 SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION, INC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 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 * 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.

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Owner Address

ID number

First community served Accounting period