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							
3/8/24	\$							
	ALLOCATION NUMBER							

Return completed workbook by

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.							
	PANORA TELECOMMUNICATIONS, INC.							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO BOX 189 (Number, street, rural route, apartment, or suite number)						
	PANORA, IA 50216 (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		IDENTIFICATION OF CABLE SYSTEM:						
	1	PANORA CABLEVISION ASSN., INC.						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	PO BOX 189 (Number, street, rural route, apartment, or suite number)						
		PANORA, IA 50216 (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.

	T	FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
	PANORA TELECOMMUNICATIONS, INC.	26							
	Instructions: List each separate community served by the cable system. A "co								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including								
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaft								
	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								
Area	rea identified city								
Served									
	OLTA OR TOWN	07475							
	CITY OR TOWN	STATE							
First	PANORA	IA.							
Community	GUTHRIE CENTER	IA							
	YALE	IA IA							
Rows as Necessary									

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2607

PANORA TELECOMMUNICATIONS, INC.

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	676	121.95	SIMPLE FIBERTV	84	62.95		
Service to additional set(s)			SELECT FIBERTV	596	#####		
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		T		I	l		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		НВО	17.00
 Pay cable—add'l channel 		Commercial		Starz/Encore	13.95
Fire protection		• Pay cable		Showtime	14.95
•Burglar protection		 Pay cable-add'l channel 		Cinemax	14.95
Installation: Residential		 Fire protection 		Total Hollywood	60.95
• First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	20.00		
Converter		Disconnect	20.00		
		Outlet relocation			
		Move to new address	20.00		

unting Period: 2023/2 FORM SA1-2E. PAGE 3 SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM Name 2607 PANORA TELECOMMUNICATIONS, INC. In General: In space G, identify every television station (including translator stations and low power television stations) G earried by your cable system during the accounting perior except (1) stations carried only on a part-time basis unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sectio Primary Transmitters: 6.59(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 substitute program basis, as explained in the next paragrapl substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progra Television pasis under specific FCC rules, regulations, or authorization:

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 otl basis. For further information concerning substitute basis stations, see page (v) of the general instruction Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify eac nulticast stream associated with a station according to its over-the-air designation. For example, report multistrea 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. f 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 noncommerc educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-I (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicas for the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 forr column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by t CC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identific 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION Des Moines, IA WOI KCCI Des Moines, IA 8 Ankeny, IA KCWI KDMI TCT HD 19.1 Ankeny, IA KDIN Des Moines, IA KFPX 40 Newton, IA who Des Moines, IA KDSM 6 N-M Des Moines, IA WHO-HD N-M Des Moines, IA KCCI HD 8.1 I-M Des Moines, IA KCCI METV 8.12 E-M Des Moines, IA KDIN HD 11.21 E-M Des Moines, IA Des Moines, IA KDIN Kids 11.22 E-M KDIN World 11.23 E-M Des Moines, IA WHO HD 13.1 N-M Des Moines, IA WHO Rewind 13.2 I-M Des Moines, IA WHO AntTV 13.3 I-M Des Moines, IA Ankeny, IA KCWI HD 23.11 I-M KDSM DT 17.1 Des Moines, IA KDSM Comet 17.2 I-M Des Moines, IA KDSM Charge Des Moines, IA WOI True Crime 5.2 I-M Des Moines, IA WOI Grit 5.3 I-M Des Moines, IA KCCI MyNet 8.13 I-M Des Moines, IA KDMI TCT 19.2 I-M Ankeny, IA E-M **IPTV** Create Des Moines. IA 11.24 WHO CourtTV I-M Des Moines, IA 13.4 KDSM TBD TB I-M 17.4 Ankeny, IA Grio 19.3 I-M Ankeny, IA KCWI Escape 23.12 I-M Ankeny, IA I-M KCWI Bounce Ankeny, IA 23.13 **KCWI Quest** I-M 23.14 Ankeny, IA

U.S. Copyright Office

8.4

Des Moines, IA

WOI Cozi

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

PANORA TELECOMMUNICATIONS, INC.

2607

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 CALL SIGN AM OR FM S/D LOCATION OF STATION OF								
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Do-	nd: 2023/2						EODI	M SA1-2E DACE F
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FURI	SYSTEM ID#
Name	PANORA TELECOMM							2607
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM L	OG			
1	In General: In space I, iden	_	_			ation, that v	our cable svs	tem carried on a
_	substitute basis during the				•		•	
Substitute	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: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Statement and	 During the accounting pe 	riod, did you	ır cable syster	n carry, on a substitute b	asis, any nor	nnetwork tel	levision prog	ram
Program Log	broadcast by a distant sta	ation?					YES	NO
	Note: If your answer is "No	o," leave the	rest of this pa	ge blank. If your answer	is "Yes," you	must comp	olete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
	In General: List each subs				ns wherever p	possible, if t	their meanin	g is
	clear. If you need more spa				te program")	that during	the account	ina
	period, was broadcast by a	a distant sta	tion and that y	our cable system substit	uted for the p	rogrammin	g of another	station
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs		ovies or bask	etball. List specific prog	ram titles, for	example,	I Love Lucy	or
	Column 2: If the progra	m was broa						
	Column 3: Give the call Column 4: Give the bro					licanood by	the ECC or	in
	the case of Mexican or Ca						the FCC or,	ın
	Column 5: Give the mo	nth and day					als, with the r	nonth
	first. Example: for May 7 g		btitt	agram was sarried by ve	ur aabla avatu	ana liat tha	timas assum	atalı.
	Column 6: State the time to the nearest five minutes							alely
	stated as "6:00-6:30 p.m."							
	Column 7: Enter the let							
	to delete under FCC rules was substituted for prograi							ogram
	effect on October 19, 1976	•	your system w	ao permittoa to aciete ai	idei i ee idie	o ana roga	idilono in	
					П			
		I IRSTITLIT	E PROGRAM	Ī		EN SUBST RIAGE OCC		7. REASON FOR
			3. STATION'S		5. MONTH		TIMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			— то	
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Accounting Period:	2023/2			FORM SA1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PANORA TELECOMMUNICATIONS, INC.			SYSTEM ID# 2607							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross	e system's ition of how	secondary trans v to compute this	mission service							
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.										
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS										
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00.	ty fee that y	ou must pay for t	his 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 li	nes 1 and 2	2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)							
	Base amount under statutory formula	. \$	263.800.00								
	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 \$26	3.800 (but	less than \$527.	600)							
				,							
	Enter the amount of gross receipts from space K	. \$	463,106.82								
	2. Base amount under statutory formula	\$	263,800.00								
	3. Subtract line 2 from line 1	\$	199,306.82								
	4. Multiply line 3 by .01		. \$	1,993.07							
	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										
	FILING FEE AND TOTAL REMITTANCE DU	JF									
	TEMOTEE AND TOTAL NEWSTIANCE DE	_									
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		. \$	3,312.07							
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			\$ 3,332.07							
	EFT Trace # or TRANSACTION ID #										
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and the										

Accounting Period: 2	2023/2					FORM SA1-2E. PAGE 7.			
Name		NER OF CABLE SYSTEM: DMMUNICATIONS, INC.	-			SYSTEM ID# 2607			
M 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								
N Individual to	INDIVIDUAL TO BE	E CONTACTED IF FURTH ut this statement of accoun	ER INFO	RMATION IS NEEDED (Identify an in	dividual				
Be Contacted for Further Information	Name P	AM KLINKEFUS			Telephone	641-755-2424			
	(N	14 E MAIN ST PO E umber, street, rural route, apartn PANORA, IA 50216 tty, town, state, zip)							
	Email	pamklinkefus@j	panorafil	per.com	Fax (optional) 641-755-242	5			
	CERTIFICATION (Th	is statement of account mu	ust be cer	rtified and signed in accordance with C	Copyright Office regulations)				
O Certification	• 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								
	in line	1 of space B and that the o	wner is no	artnership) I am the duly authorized agot a corporation or partnership; or ation) or a partner (if a partnership) of t					
	I have examined the	e statement of account and nd correct to the best of my		eclare under penalty of law that all state ge, information, and belief, and are mad		in			
				/s /Andrew M Randol electronic signature on the line above to a nature using an "/s/ signature" (e.g., /s/ J					
			CEO						
		(Title of of Date:	ficial positio	in held in corporation or partnership)	3/08/24				

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Accounting Period: 2023/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 2607 PANORA TELECOMMUNICATIONS, 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? NO YES. Enter the total here and list the satellite carrier(s) below. \$ 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. Owner Address ID number First community served

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Accounting period