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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to		
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook.		1/29/24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
Accounting Period	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31		
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c		diary of another corporation, give the full corp	porate title	

В		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.	30618
		·	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Sac County Mutual Telephone Company	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Arthur CATV	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		108 S Maple St, PO Box 488 (Number, street, rural route, apartment, or suite number)	
		Odebolt, IA 51458	
		(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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Name	Sac County Mutual Telephone Company	306						
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future f	orated communities within unincorporated areas and including singl at you list will serve as a form of system identification hereafter know						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
First	CITY OR TOWN	STATE IOWA						
Community								
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Sac County Mutual Telephone Company									
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
-	In General: The information in space E should cover all categories of secondary transmission service of the cab system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give inform									
Secondary										
Transmission	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).									
Service: Sub- scribers and	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									
Rates	each category by counting the n			•		•				
	separately for the particular serv					•	,			
	Rate: Give the standard rate of unit in which it is generally billed									
	category, but do not include disc				y stanua		is within a	particular rate		
	Block 1: In the left-hand block	in space E, th	e form list	s the categorie		•				
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			0		0				
	subscriber who pays extra for ca						•			
	first set" and would be counted of							.		
	Block 2: If your cable system	Ũ								
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, to with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service									
	sufficient.		-							
	BLOCK 1						BLOCK	K 2 NO. OF		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		92	84.10						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA								
-	In General: Space F calls for ra				pect to a	Il your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There al furnished at cost or (2) services	•		•			0 (,		
Other Than										
Secondary	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.									
Transmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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.									
		BLO	СК 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		RY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:		Installatio	on: Non-resid	ential					
	• Pay cable	15.95	Motel,							
	 Pay cable—add'l channel 	16.95	Comm			30.00				
	Fire protection		• Pay c							
	•Burglar protection		· · ·	able-add'l chai	nnel					
	Installation: Residential	20.00		rotection						
	First set Additional set(s)	30.00	• Burgla	ar protection						
	 Additional set(s) FM radio (if separate rate) 		• Recor			30.00				
	• Converter		Discore			50.00				
				relocation						
			-	to new addres	s	15.00				
									I	

unting Period:	2023/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
	Sac County Mutual Te	elephone Company		30618				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary ransmitters: 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	κτιν	4	N	SIOUX CITY				
	КРТН	5	N	SIOUX CITY				
	KCAU	9	N	SIOUX CITY				
as Necessary	KMEG	23	N	SIOUX CITY				
	IPTV	24	N	SIOUX CITY				
		•						

LEGAL NAME OF	OWNER OF C	CABLE S	SYSTEM:					SYSTEM ID	
Sac County	Mutual Tel	ephon	e Company					3061	
PRIMARY TRA								н	
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.									
			II-Band FM Carriage: Under stem whenever it is received a					Primary Transmitters:	
· ,		-	ived at the headend, with the	•		,	-	Radio	
			pyright Office regulations on t						
paper SA1-2 for									
			each station carried. on is AM or FM.						
			nal was electronically process	sed by the cable	system as a s	eparate	and discrete		
			k mark in the "S/D" column.						
			ion (the community to which the			C or, in	the case of		
Mexican or Can	adian stations	s, if any,	the community with which the	e station is identi	lied).				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
			·						

	od: 2023/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Sac County Mutual Te	lephone (Company					30618
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	iccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or a	authorizatior	ns. For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	 During the accounting per 	-			sis. anv nonr	etwork tele	vision proa	ram
Statement and Program Log	broadcast by a distant sta		······································	·····,,, -····.	, ,	Γ	YES	XNO
Program Log	,				<i></i>			
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	ete the prog	jram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant stat egulations, c ries like "mo Bulls." m was broav sign of the adcast station hadian station th and day ve "5/7." es when the Example: a rer "R" if the and regulation nming that y	am on a separ- add additional onnetwork telev- tion and that yo or authorization ovies" or "bask dcast live, enter station broadc on's location (to on's location (to on's location (to on's location (to on's location (to on's location (to when your sys- e substitute pro- a program carr listed program fons in effect d	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra the community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01 n was substituted for progra uring the accounting perio	e program") the ted for the pro- neral instruction in titles, for e 'No." ram. e station is lide e station is lide e program. Us r cable system 1:15 p.m. to 6 ramming that bd; enter the l	nat, during f ogramming ions for furt example, "I censed by ti entified). se numerals n. List the t :28:30 p.m. your syste etter "P" if t	the account of another s her informa Love Lucy" he FCC or, s, with the n imes accura should be m was <i>requ</i> he listed pro	ing station tion. or in nonth ately <i>ired</i>
	S	UBSTITUT	E PROGRAM			N SUBSTI AGE OCCI		7. REASON FOR
	S	2. LIVE?	E PROGRAM 3. STATION'S CALL SIGN		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCC	JRRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	URRED IMES	

Accounting Period:	2023/2 FORM	SA1-2E. PAGE 6.
Name		SYSTEM ID#
Name	Sac County Mutual Telephone Company	30618
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (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 from subscribers for secondary transmission service(s) during the accounting period. form. IMPORTANT: You must complete a statement in space P concerning gross receipts. form.	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, <i>or</i> 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 royalty fee that you must pay for this six-month	
	accounting period is \$52.00. Line 1. Royalty fee for accounting period	<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	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	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	_
	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	-
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	_
	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 # 20240126	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrigh See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more informati	

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: utual Telephone Company	1			SYSTEM ID# 30618
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's to number of channels on which television broadcast stations number of activated channels able system carried television	otal numb n the cabl s broadcas		stations	5 61
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accourt		RMATION IS NEEDED (Identify an individual		
for Further Information	Name	Melissa Pierce		Tel	lephone	712-668-2200
	Address	108 S Maple St #488 (Number, street, rural route, apartm	nent, or suit	e number)		
		Odebolt, IA 51458 (City, town, state, zip)				
	Email	scmtco@netins.	.net	Fax (optional)		
о	CERTIFICATION	(This statement of account mu	ust be cer	tified and signed in accordance with Copyright Office reg	ulations)	
Certification		ed, hereby certify that (Check o				-
				p) I am the owner of the cable system as identified in line 1		
	in I	ine 1 of space B and that the o	wner is no	artnership) I am the duly authorized agent of the owner of t at a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identif		
	in l I have examined 	ine 1 of space B. I the statement of account and e, and correct to the best of my	hereby de	eclare under penalty of law that all statements of fact contain ge, information, and belief, and are made in good faith.		
			Enter an e	/s/RONALD SORENSEN electronic signature on the line above to certify this statement. hature using an "/s/ signature" (e.g., /s/ John Smith)		
		Typed or printed Title: (Title of of	Gener	Ronald Sorensen al Manager n held in corporation or partnership)		
		Date:		01/25/2024		

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counting Period: 2023/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ac County Mutual Telephone Company	30618
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 located in the paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
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 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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 Accounting period	

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