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				
1/15/24	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (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	20232 Barcode Data Filing Period (optional - see instructions)
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
	Dumont Telephone Company
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 349 (Number, street, rural route, apartment, or suite number)
	Dumont, IA 50625-0349
	(City, town, state, zip)
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/2	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name		31293
	Dumont Telephone Company	
D	Instructions: List each separate community served by the cable system. A 'a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tas the 'first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Dumont	IA
Community	Allison	IA
	Parkersburg	IA IA
Add Rows as Necessary	Geneva	iA
	Hampton	IA
	Hansell	IA
	New Hartford	IA.
	Aplington	IA.

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Dumont Telephone Company

31293

## 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:						
<ul> <li>Service to first set</li> </ul>	Basic Pkg = 202	\$120.60/mth	Local Basic Pkg	37	\$43.35/n	
<ul> <li>Service to additional set(s)</li> </ul>	Non-DVR = 108	\$3.95/mth	Basic Pkg	6	\$118.65/	
• FM radio (if separate rate)			Local Basic Pkg	2	\$41.40/r	
Motel, hotel	Basic Pkg = 1	\$240/mth	Additional DVR	2	\$5.95/m	
Commercial	Basic Pkg = 1	\$320/mth	Basic FusionTV+	59	\$120.60	
Converter			Basic FusionTV+	9	\$118.65	
Residential			Local Basic FusionTV+	12	\$43.35/1	
Non-residential			Local Basic FusionTV+	3	\$41.40/m	
1	I	T		1		

# 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	\$14.95	Motel, hotel	PP	NFL RedZone HD	\$40.00
<ul> <li>Pay cable—add'l channel</li> </ul>	\$14.95	Commercial	PP	Live USB Adapter	\$1.00
Fire protection		• Pay cable	\$10	Double Stream Pkg	\$6.00
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel	\$10.00	Triple Stream Pkg	\$9.00
Installation: Residential		Fire protection			
• First set	\$50.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	PP	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$35.00		
Converter		Disconnect			
		Outlet relocation	PP		
		Move to new address	\$50.00		

Accounting Period: 2023/2 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 31293 **Dumont Telephone Company** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: 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 Television 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 KCRG-TV 9 Cedar Rapids, IA N **KCRGDT** N-M Cedar Rapids, IA KCRGDT2 N-M Cedar Rapids, IA Add Rows as Necessary KCRGDT3 N-M Cedar Rapids, IA Cedar Rapids, IA **KFXA** Ν 28 **KFXADT** N-M Cedar Rapids, IA KFXADT2 N-M Cedar Rapids, IA N-M KFXADT3 Cedar Rapids, IA KFXADT4 N-M Cedar Rapids, IA Ν KGAN Cedar Rapids, IA 2 **KGANDT** N-M Cedar Rapids, IA KGANDT2 N-M Cedar Rapids, IA KGANDT3 N-M Cedar Rapids, IA **KPXR-TV** 48 Ν Cedar Rapids, IA N-M **KPXRDT** Cedar Rapids, IA KPXRDT2 N-M Cedar Rapids, IA **KPXRDT3** N-M Cedar Rapids, IA

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

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KRIN

KRINDT

KRINDT2

KRINDT3

**KYNE-DT3** 

**KWKB** 

**KWWL** 

Ε

E-M

E-M

E-M

E-M

N-M

Ν

Des Moines, IA

Waterloo, IA

Cedar Rapids, IA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31293

# Dumont Telephone Company PRIMARY TRANSMITTERS: TELEVISION

G

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
KWWLDT	ann	N-M	Waterloo, IA
KWWLDT2	anni	N-M	Waterloo, IA
KWWLDT3	anni	N-M	Waterloo, IA
KWWLDT4		N-M	Waterloo, IA
KWWLDT5		N-M	Waterloo, IA
KCCI	8	N	Des Moines, IA
KCCIDT		N-M	Des Moines, IA
KCCIDT2	hun	N-M	Des Moines, IA
KCCIDT3		N-M	Des Moines, IA
KCWI	23	N	Des Moines, IA
KCWIDT		N-M	Des Moines, IA
KCWIDT2		N-M	Des Moines, IA
KCWIDT3		N-M	Des Moines, IA
KDMI	56	N	Des Moines, IA
KDSM	17	N	Des Moines, IA
KDSMDT		N-M	Des Moines, IA
KDSMDT2		N-M	Des Moines, IA
KDSMDT3		N-M	Des Moines, IA
KDSMDT4		N-M	Des Moines, IA
KFPX-TV	39	N	Des Moines, IA
KFPXDT		N-M	Des Moines, IA
KFPXDT2		N-M	Des Moines, IA
KFPXDT3		N-M	Des Moines, IA
WHO	13	N	Des Moines, IA

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Dumont Telephone Company

31293

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
WHODT		N-M	Des Moines, IA
WHODT2		N-M	Des Moines, IA
WHODT3		N-M	Des Moines, IA
WHODT4		N-M	Des Moines, IA
WOI	5	N	Des Moines, IA
WOIDT		N-M	Des Moines, IA
WOIDT2		N-M	Des Moines, IA
WOIDT3		N-M	Des Moines, IA
WOIDT4		N-M	Des Moines, IA
WOIDT6		N-M	Des Moines, IA
WOIDT8		N-M	Des Moines, IA

Accounting Period: 2023/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Dumont Telephone Company**

31293

#### 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  CLIMJ-104.9 FM Hampton, IA  Hampton, IA								
KLMJ-104.9 FM Hampton, IA	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	KI M I-104 Q	EM		Hampton IA				
	XLIVI3-104.9	I IVI		riampion, iA			<del> </del>	
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Accounting Boris	nd: 2023/2						FORM SA1 2E DACE F	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FORM SA1-2E. PAGE 5. SYSTEM ID#	
Name	Dumont Telephone Co						31293	
	SUBSTITUTE CARRIAG	E. SDECI	AI STATEME	INT AND DECCEAM I O	G			
- 1		_	_			tion that your cable	e system carried on a	
•		<b>n General:</b> In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further						
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:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did yo	ur cable systei	m carry, on a substitute ba	sis, any nonr	network te <u>levisi</u> on	progr <u>am</u>	
Program Log	broadcast by a distant sta	ition?				YE	s × NO	
0 0	<b>Note:</b> If your answer is "No	o" leave the	rest of this na	age blank. If your answer is	s "Yes " vou r			
	log in block 2.	, , , , , , , , , , , , , , , , , , , ,		age Blailli ii year allellel ia	, ,		p. og. a	
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
	In General: List each subs			rate line. Use abbreviations	wherever po	ossible, if their me	aning is	
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego	ries like "mo						
	"NBA Basketball: 76ers vs		donat live ont	er "Yes." Otherwise enter "	'No "			
				casting the substitute progr				
	Column 4: Give the bro	adcast stati	on's location (	the community to which the	e station is lic		C or, in	
	the case of Mexican or Ca						46 46	
	first. Example: for May 7 g		wnen your sy	stem carried the substitute	program. Us	se numerais, with	ine month	
	. , , ,		e substitute pr	ogram was carried by your	r cable systei	m. List the times a	ccurately	
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	3:28:30 p.m. should	d be	
	stated as "6:00–6:30 p.m."	tar "D" if the	listed pregrava	n was substituted for progr	ramanain a that		vo avvivo d	
	to delete under FCC rules			n was substituted for progr during the accounting perio				
	was substituted for prograi							
	effect on October 19, 1976	i.						
					\//HE	N SUBSTITUTE		
	S	UBSTITUT	E PROGRAM	1		AGE OCCURREI	7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION	
	1. TITLE OF PROGRAW	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	го	
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Accounting Period:	2023/2			FORM S	A1-2E. PAGE 6.	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#	
Name	Dumont Telephone Company				31293	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanati 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 receipts.	system's s ion of how	secondary trans to compute thi	smission servic s amount, see	8,168.54	
	CORVEIGHT POVALTY FEE					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800  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					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	lty fee that	you must pay f	or this six-mont	il	
	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 I	ines 1 and	2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES					
	Base amount under statutory formula	\$	263,800.00			
	Enter amount of gross receipts from space K	\$	218,168.54	-		
	3. Subtract line 2 from line 1	\$	45,631.46	_		
	4. Enter the amount of gross receipts from space K		\$ :	- 218,168.54		
	5. Enter the amount from line 3		\$	45,631.46		
	6. Subtract line 5 from line 4		\$	172,537.08		
	7. Multiply line 6 by .005 (enter figure here)			\$	862.69	
	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		\$	862.69	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$52	7,600)		
	Enter the amount of gross receipts from space K					
	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			0.00		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines					
	FILING FEE AND TOTAL REMITTANCE DU	É				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	862.69		
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			\$	882.69	
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!	

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: one Company			SYSTEM ID# 31293				
M Channels	to its subscribers	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	system carried television broadcast stations							
	on which the ca	number of activated channels ble system carried television broadd ast services			304				
N Individual to Be Contacted		BE CONTACTED IF FURTHER INF bout this statement of account.)	FORMATION IS NEEDED (Identify an i	individual to whom					
for Further	Name	Roger Kregel		Telephone (641	) 857-3211				
	Address	506 Pine St, PO Box 349 (Number, street, rural route, apartment, or street)	suite number)	0.00.00.00.00.00.00.00.00.00.00.00.00.0					
		Dumont, IA 50625-0349 (City, town, state, zip)							
	Email	rogerkr@dumonttelepl	none.com	Fax (optional)					
0	CERTIFICATION	This statement of account must be o	certified and signed in accordance with	Copyright Office regulations)					
O Certification	• I, the undersigne	d, hereby certify that (Check one, but o	only one, of the boxes.)						
	(Owne	other than corporation or partners	hip) I am the owner of the cable system a	as identified in line 1 of space B; or					
		of owner other than corporation or ne 1 of space B and that the owner is	partnership) I am the duly authorized ag not a corporation or partnership; or	ent of the owner of the cable systen	n as identified				
		<b>r or partner)</b> I am an officer (if a corp ne 1 of space B.	oration) or a partner (if a partnership) of t	he legal entity identified as owner of	f the cable system				
		, and correct to the best of my knowle	declare under penalty of law that all state dge, information, and belief, and are mac						
		X	/s/ Roger Kregel						
			n electronic signature on the line above to ignature using an "/s/ signature" (e.g., /s/						
		Typed or printed name:	Roger Kregel						
			eral Manager sition held in corporation or partnership)						
		Date:		1/15/24					

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

Accounting Period: 2023/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 31293 **Dumont Telephone Company** 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 x = 0.00274Line 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@loc.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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