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

СТ	A T			ACC	ווהי	NIT
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••••		_	 •••			

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
1/25/2024
\$
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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Baldwin Nashville Telephone Co
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 50
		(Number, street, rural route, apartment, or suite number)
		Baldwin, Iowa 52207 (City, town, state, zjp)
	INCT	h
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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)
	0	

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.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Baldwin Nashville Telephone Co	6063
D Area	Instructions: List each separate community served by the cable system. A "comiseparate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or molicity.	munity" is the same as a "community unit" as defined in FCC rules: "a communities within unincorporated areas and including single, discre I serve as a form of system identification hereafter known as the "firs
Served	uty.	
	CITY OR TOWN	STATE
First		
Community	Dalduia	lawa
ld Rows as Necessary	Baldwin Monmouth	lowa lowa
iu nows as necessary		lowa

									FOI		2E. PAGE
Name	LEGAL NAME OF OWNER OF C									SYS	
	Baldwin Nashville Teler	ohone Co									6063
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES						
E	In General: The information in s	pace E should	cover al	Il categories of	seconda	•					
0	system, that is, the retransmissi										
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						e tr	iose exisi	ing on the		
Service: Sub-	Number of Subscribers: Both						abl	le system	, broken		
scribers and	down by categories of secondar	•		•		•					
Rates	each category by counting the n	•		•••		•	•		charged		
	separately for the particular servert Rate: Give the standard rate of								be and the		
	unit in which it is generally billed	-	-	•					-		
	category, but do not include disc										
	Block 1: In the left-hand block			•		,					
	systems most commonly provide that applies to your system. Not										
	categories, that person or entity										
	subscriber who pays extra for ca					d in the count u	und	ler "Servi	ce to the		
	first set" and would be counted of	•			• • •	convice that a	r	difforont f	rom those		
	Block 2: If your cable system printed in block 1 (for example, the system)	Ũ									
	with the number of subscribers a										
	sufficient.				1						
	BL	OCK 1 NO. OF						BLOCK	C2 NO. OF	. 1	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	ER۱	VICE	SUBSCRIB		RATE
	Residential:										
	 Service to first set 		103	85.95							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
-	In General: Space F calls for ra					Ill your cable s	yste	em's serv	ices that wer	е	
F	not covered in space E, that is,										
Services	service for a single fee. There a furnished at cost or (2) services		•		-			,			
Other Than	amount of the charge and the u										
Secondary	enter only the letters "PP" in the			-		Ū			0		
Transmissions:	Block 1: Give the standard ra								wara not		
Rates	Block 2: List any services tha listed in block 1 and for which a				-						
	brief (two- or three-word) descrip										
		BLOC	K 1						BLOCK	(2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE		CATEG	DRY OF SER		RATE
	Continuing Services:			tion: Non-res			Ħ			-	
	• Pay cable	20.00	• Mot	el, hotel							
	Pay cable—add'l channel		• Con	nmercial			11				
	Fire protection		• Pay	cable][
	 Burglar protection 		• Pay	cable-add'l ch	annel][
	Installation: Residential			protection] [
	• First set	25.00	• Burę	glar protection							
			Other s	orvicoe			1				
	 Additional set(s) 			ervices.							
	• FM radio (if separate rate)			onnect			.				
	• FM radio (if separate rate)		• Disc	onnect							

ounting Period: 2	2023/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	Baldwin Nashville Te	1		6063
	PRIMARY TRANSMITTERS:			
G Primary Transmitters:	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(c substitute program basis, as	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph.	(1) stations carried only on a part-ti e carriage of certain network progra I (e)(2) and (4))]; and (2) certain sta	me basis under ́ ams [sections tions carried on a
Television		: With respect to any distant stations ca les, regulations, or authorizations:	rried by your cable system on a sub	ostitute program
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th a substitute basis.		
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, in or's call sign. <i>Do not</i> report origination pro- limited to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	see page (v) of the general instruct rogram services such as HBO, ESF	ions. N, etc. Identify each
	"WETA-2" as the same on t	I with a station according to its over-the- he form. I number the FCC assigned to the telev	c i i i i	
		RC is channel 4 in Washington, D.C.	tation on independent station or a	noncommercial
		case whether the station is a network s ring the letter "N" (for network), "N-M" (f	•	
		"E" (for noncommercial educational), o rms, see page (iv) of the general instruct		onal multicast).
		n of each station. For U.S. stations, list		is licensed by the
	FCC. For Mexican or Canad	dian stations, if any, give the name of th	e community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	whbf	4	n	Rock Island, IL
	whbf3	4.3	n-m	Rock Island, IL
Rows as Necessary	kwqc	6	n	Davenport, Iowa
	kwqc3	6.3	n-m	Davenport, Iowa
	kwqc4	6.4	n-m	Davenport, Iowa
	kwqc5	6.5	n-m	Davenport, Iowa
	wqad	8	n	Moline, IL
	wqad2	8.2	n-m	Moline, IL
	wqad3	8.3	n-m	Moline, IL
	kcrg	9	n	Cedar Rapids, Iowa
	kcrg2	9.2	n-m	Cedar Rapids, Iowa
	kiin	12	e	Iowa City, Iowa
	kiin3	12.3	e-m	lowa City, lowa
	kiin4	12.4	e-m	lowa City, Iowa
	kljb	18	n	Davenport, Iowa
	kljb2	18.2	n-m	Davenport, Iowa
	kgcw	26	n	Burlington, Iowa
	kgcw2	26.2	n-m	Burlington, Iowa
	wmmc	53	i	Galesburg, IL

EGAL NAME OF								SYSTEM 606
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate t Column 4: G	it is carried by monitoring, to mation about m. lentify the call tate whether to the radio stati this by placing ive the station	/ the sys be recei t the Cop sign of e he static ion's sign a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. on is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	idend, and (2) nna, during ce e (v) of the ger vstem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE OIGH		0/0		O/ LEL OIGIN		0/0		

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Baldwin Nashville Tele	ephone Co)					60636
I Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	fy every non	network televisi riod, under spec	<i>ion program,</i> broadcast by cific present and former F	a <i>distant</i> statio CC rules, regula	ations, or a	uthorizations.	For a further
Substitute Carriage:	1. SPECIAL STATEMENT				e general insur		ne paper OAT-	2 10111.
Special	During the accounting per				sis. anv nonne	twork tele	vision prograr	n
Statement and Program Log	broadcast by a distant stat	•	,		, ,		YES	× NO
	Note: If your answer is "No	," leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust comple	ete the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE							
	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 categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	of every nor distant stati gulations, or ies like "mor Bulls." n was broad sign of the s adcast statio adian statio adian statio adian statio th and day ur e "5/7." es when the Example: a er "R" if the and regulatic mming that y	nnetwork televi on and that you r authorizations vies" or "baske lcast live, enter station broadca n's location (th ns, if any, the c when your syst substitute prog program carrie listed program ons in effect du	sion program ("substitute ur cable system substitut s. See page (v) of the ger tball." List specific progra "Yes." Otherwise enter ' sting the substitute progr e community to which the community with which the community with which the gram was carried by your ed by a system from 6:01 was substituted for progr ring the accounting perio	ed for the prog- neral instructio im titles, for ex 'No." am. e station is lice e station is lice e station is lice to program. Use cable system :15 p.m. to 6:2 ramming that y d; enter the left	gramming ins for furti cample, "I I ensed by th ntified). e numerals . List the ti 28:30 p.m. your system tter "P" if ti	of another sta her informatio Love Lucy" or he FCC or, in s, with the mo- imes accurate should be m was <i>require</i> he listed progr	tion n. nth ely
			E PROGRAM			EN SUBS	TITUTE CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	1	TIMES — TO	DELETION
							_	
							_	
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Accounting Period:	2023/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	Baldwin Nashville Telephone Co 60636
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 of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$137,100 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
	Line 1. Royalty fee for accounting period \$ 52.00 Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	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
	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) \$ 52.00
But	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 # 27ba74pv
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: ville Telephone Co	SYSTEM ID# 60636
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	You must give (1) the number of channels on which the cable system carried televis ers, and (2) the cable system's total number of activated channels during the accour tal number of channels on which the cable ied television broadcast stations	nting period.
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individu t about this statement of account.)	ial
for Further Information	Name	Brian Rickels	Telephone 563-673-2001
	Address 	PO Box 50, 5075 Hwy 64 (Number, street, rural route, apartment, or suite number) Baldwin, Iowa 52207 (City, town, state, zip)	
	Email	bntc@netins.net Fa	x (optional <u>563-673-2241</u>
O Certification	I, the undersig (Own (Age X (Off I have examin are true, comp	I (This statement of account must be certified and signed in accordance with Copyrigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as iden in for owner other than corporation or partnership) I am the duly authorized agent of a in line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal in line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of ete, and correct to the best of my knowledge, information, and belief, and are made in g ction 1001(1986)]	tified in line 1 of space B; or the owner of the cable system as identified al entity identified as owner of the cable system of fact contained herein
		Enter an electronic signature on the line above to certify Enter signature using an "/s/ signature" (e.g., /s/ John Sm	
		Typed or printed name: Brian Rickels	
		Title: CEO (Title of official position held in corporation or partnership)	
		Date:	1/25/2024

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ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
dwin Nashville Telephone Co	60630
 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. 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 Y ES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
	Q Interest Assessment
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	-
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
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	-
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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	-

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