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.	

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGH	Return completed workbook by email to	
DATE RECEIVED	coplicsoa@copyright.gov	
1/31/2024	\$ ALLOCATION NUMBER	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
	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
	Alta Municipal Utilities
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	223 S Main St (Number, street, rural route, apartment, or suite number)
	(Number, state, than four, apartment, of suite number) Alta, IA 51002 (City, town, state, zip)
С	INSTRUCTIONS: 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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period:	2023/2	FORM SA1-2E. PAGE 1b.						
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Alta Municipal Utilities 62204							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "fin 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 the ident city.							
	CITY OR TOWN	STATE						
First Community								
community								
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	
Name	Alta Municipal Utilities								6220
Е	SECONDARY TRANSMISSION								
-	In General: The information in s	•		•					
Secondary	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								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n			•	•				
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· · ·	,		iy stanuart		within a p		
	Block 1: In the left-hand block	•		0					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to a	additiona	I sets would be	e included		•		
	first set" and would be counted of					anvias that are	difforant fr	am thaca	
	Block 2: If your cable system printed in block 1 (for example, t	0		,					
	with the number of subscribers a								
	sufficient.	0.014.4			1		51.0.01	<u> </u>	
	BL	OCK 1 NO. OF					BLOC	K 2 NO. OF	r
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		187	41.95					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES					
F	In General: Space F calls for rat		,		•				
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the ur		usually I	billed. If any ra	es are cha	arged on a varia	ble per-pro	ogram basis,	
Secondary ransmissions:	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.								
Rates	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.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			tion: Non-res	dential				
	• Pay cable	89.95		el, hotel					
	Pay cable—add'l channel Fire protection			nmercial cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential		-	protection					
	First set			glar protection					.
	Additional set(s)			ervices:					
	• FM radio (if separate rate)		• Rec	onnect		50.00			
		[D :				ſ		T
	Converter		• Disc	connect					
	• Converter			connect let relocation					

Accounting Period: 2	2023/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID: 62204				
	Alta Municipal Utilities							
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each statio	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	 (1) stations carried only on a part-tile carriage of certain network progratice) (2) and (4))]; and (2) certain statice) (2) and (4))]; and (2) certain statice) (2) and (4))]; and (2) certain statice) (3) and (4))]; and (2) certain statice) (4) and (4))]; and (2) certain statice) (5) and (4))]; and (2) certain statice) (4) and (4))]; and (2) certain statice) (5) and (4))]; and (2) certain statice) (5) and (4))]; and (2) certain statice) (6) and (4))]; and (2) certain statice) (7) and (4))]; and (2) certain statice) (8) and (4))]; and (2) certain statice) (9) and (4))]; and (2) certain statice) (9) and (4))]; and (2) certain statice) (1) and (2) certain statice) (1) and (2) certain statice) (2) and (4))]; and (2) certain statice) (3) and (4))]; and (2) certain statice) (4) and (4))]; and (2) certain statice) (5) and (4))]; and (2) certain statice) (6) and (4))]; and (2) certain statice) (7) and (4))]; and (2) certain statice) (8) and (4))]; and (2) certain statice) (8) and (4))]; and (2) certain statice) (9) and (4))]; and (2) certain statice) (1) and (2) certain statice) (1) and (2) certain statice) (1) and (2) certain statice) (2) and (4) an	ime basis under ams [sections tions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each				
	"WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	d with a station according to its over-the the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. a case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- in of each station. For U.S. stations, list dian stations, if any, give the name of th	vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepe r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KTIV-DT	4.1	Ν	SIOUX CITY, IA				
	KTIV-DT2	4.2	N-M	SIOUX CITY, IA				
Add Rows as Necessary	KTIV-DT3	4.3	N-M	SIOUX CITY, IA				
	KCAU-DT	9.1	N	SIOUX CITY, IA				
	KMEG-DT	14.1	Ν	SIOUX CITY, IA				
	KMEG-DT2	14.2	N-M	SIOUX CITY, IA				
	KMEG-DT3	14.3	N-M	SIOUX CITY, IA				
	KMEG-DT4	14.4	E	SIOUX CITY, IA				
	KSIN-TV	27.1	Е	SIOUX CITY, IA				
	KSIN-SD2	27.2	E-M	SIOUX CITY, IA				
	KSIN-SD3	27.3	E-M	SIOUX CITY, IA				
	KPTH-DT	44.1	N	SIOUX CITY, IA				
	KPTH-DT2	44.2	N-M	SIOUX CITY, IA				

LEGAL NAME O Alta Municip			YSTEM:					SYSTEM ID 6220
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cabl					н
receivable if (1) on the basis of For detailed infi- paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C	it is carried by monitoring, to ormation abou rm. dentify the call State whether f the radio stat this by placing Give the station	y the sys be recei t the Cop sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. nal was electronically processe (mark in the "S/D" column. on (the community to which the the community with which the	the system's he ystem's FM ante is point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se sed by the FCC) it can b ertain 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	
KAYL	FM	х	STORM LAKE, IA					
KKIA	FM	X	STORM LAKE, IA					
		·						
		·						
		·						
		+						
		+						
	+							

Accounting Perio	d: 2023/2						FOR	VI SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Alta Municipal Utilities							62204
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							
• • • • •	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Substitute Carriage:		-			general instru		e paper SAT-2	2 10111.
Special	 SPECIAL STATEMENT During the accounting period 					work tolovi	sion program	
Statement and	broadcast by a distant stat	•	Cable System	carry, on a substitute basis	s, any nonne		- · · ·	
Program Log	-					L	YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	vherever nos	sihle if thei	ir meaning is	
	clear. If you need more spa				vilcicvel pos		ii meaning is	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.							
				"Yes." Otherwise enter "N sting the substitute program				
				e community to which the		nsed by the	FCC or, in	
	the case of Mexican or Can	adian statio	ns, if any, the c	community with which the s	tation is iden	tified).		
	Column 5: Give the mon first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Use	numerals,	with the mor	ith
			substitute prog	gram was carried by your c	able system.	List the tim	nes accurate	y
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	was substituted for progra	mming that y	our evetem	was require	4
	to delete under FCC rules a							
	was substituted for program	ming that y	our system wa	s permitted to delete under	FCC rules a	nd regulation	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S		E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	
							_	
							_	
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							_	
							_	
							_	
	L						—	

Accounting Period:	2023/2 FORM SA1-2E.	PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM:	
	Alta Municipal Utilities 6	62204
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.	
	COPYRIGHT ROYALTY FEE	
L 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 accounting period is \$52.00.	
	Line 1. Royalty fee for accounting period \$ 52.	.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	.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	
	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	.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 groop requists from anona K	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	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 Foo and		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.	.00
	EFT Trace # or TRANSACTION ID #	
	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	LEGAL NAME OF Alta Municipa	OWNER OF CABLE SYSTEM: al Utilities				SYSTEM ID# 62204
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to	You must give (1) the number ers, and (2) the cable system's otal number of channels on wh ried television broadcast statio otal number of activated chann te cable system carried televis	s total number of acti ich the cable ns	vated channels during the	accounting period.	20
	and nonbro	oadcast services				57
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of acco		N IS NEEDED (Identify an	individual	
for Further Information	Name	/s/Mitch Langschlag	jer		Telephone 712-2	200-1122
	Address	223 S Main St (Number, street, rural route, apar Alta, IA 51002	tment, or suite number)			
	Email	(City, town, state, zip)	ec.net		Fax (optional 712-200-9600	
	CERTIFICATIO	N (This statement of account n	nust be certified and	signed in accordance with	Copyright Office regulations)	
O Certification	(Owi	-	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 t	he owner is not a corp	oration or partnership; or	gent of the owner of the cable system a the legal entity identified as owner of th	
	are true, comp	ed the statement of account and lete, and correct to the best of r cction 1001(1986)]				
	1		X /s/Mitcl	n Langschlager		
				ignature on the line above to g an "/s/ signature" (e.g., /s/		
		Typed or printe	d name: /s/Mitc	h Langschlager		
		Title:	Utility Manage	er d in corporation or partnership)		
		Date:			01/30/24	

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unting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Municipal Utilities	62204
 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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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