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
1/3/2024
\$
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	ACC	DUNTING 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
Owner		the subsidiary, not that of the parent corporation. 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
		Mahaska Communication Group LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 1038 (Number, street, rural route, apartment, or suite number)
		Oskaloosa, IA 52577 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: MCG
		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 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 fling, a determination that would be made by a court of law.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Mahaska Communication Group LLC	63061
D Area Served	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile l city.	ity" is the same as a "community unit" as defined in FCC rules: "a munities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First Community	OSKALOOSA BEACON	AI AI
Community	KEOMAH VILLAGE	
Add Rows as Necessary	UNIVERSITY PARK	IA IA
Add Rows as Necessary	NEW SHARON	IA
	MONTEZUMA	IA
	GRINNELL	IA

	LEGAL NAME OF OWNER OF C	ABI E SYSTEM						FORM SA1	
Name	Mahaska Communicatio		с					010	6306
	SECONDARY TRANSMISSION		BSCDIE		TES				
E	In General: The information in s					/ transmission s	ervice of th	e cable	
	system, that is, the retransmission	on of television	and rad	io broadcasts	by your sy	stem to subscrib	ers. Give i	nformation	
Secondary	about other services (including p				-		nose existir	ng on the	
Transmission	last day of the accounting period						1	handran	
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	0		0 , (
	Rate: Give the standard rate c								
	unit in which it is generally billed.				ny standar	d rate variations	within a pa	articular rate	
	category, but do not include disc				ion of coor	andory transmiss	sion convio	a that apple	
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Note							0,	
	categories, that person or entity			-		•			
	subscriber who pays extra for ca					in the count und	ler "Service	e to the	
	first set" and would be counted o								
	Block 2: If your cable system I	•		,					
	printed in block 1 (for example, to with the number of subscribers a					•	,.		
	sufficient.		ngin-ne						
		DCK 1					BLOCK	ζ2	
		NO. OF		DATE	0.1 T			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
			1,306	¢ 44 /mth					
	Service to first set		1,300	\$41/mth					
	Service to additional set(s)								
	• FM radio (if separate rate)		454	¢40/					
	Motel, hotel		151	\$12/mth					
	Commercial		3	\$12/mth					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES					
-	In General: Space F calls for rat					l your cable syst	em's servi	ces that were	
F	not covered in space E, that is, t	hose services t	hat are	not offered in a	combinatio	on with any seco	ndary trans	mission	
- ·	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any fa	les are chi	argeu on a vana	ble bei-bio	gram basis,	
ransmissions:	Block 1: Give the standard rat		ne cable	system for ea	ch of the a	pplicable servic	es listed.		
Detes	Block 2: List any services that				•	0.			
Rates	listed in block 1 and for which a s				shed. List t	these other serv	ices in the	form of a	
Rates		tion and include	e the rat	te for each					
Rates	brief (two- or three-word) descrip								
Rates	brief (two- or three-word) descrip	BLOO						BLOCK 2	
Rates	CATEGORY OF SERVICE	BLOO	CATEG	ORY OF SER		RATE	CATEG	DRY OF SERVICE	RATE
Rates	CATEGORY OF SERVICE Continuing Services:	BLOO	CATEG Installa	ORY OF SER		RATE	CATEG		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOO	CATEG Installa • Mot	ORY OF SER tion: Non-res		RATE	CATEGO		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOO	CATEG Installa • Mot • Cor	ORY OF SER I tion: Non-res rel, hotel nmercial		RATE	CATEGO		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOO	CATEG Installa • Mot • Cor • Pay	ORY OF SER Ition: Non-res rel, hotel nmercial r cable	idential	RATE	CATEGO		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLOO	CATEG Installa • Mot • Cor • Pay • Pay	ORY OF SER tition: Non-res rel, hotel nmercial r cable r cable-add'l ch	idential	RATE	CATEGO		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	BLOO	CATEG Installa • Mot • Cor • Pay • Pay • Fire	ORY OF SER tition: Non-res rel, hotel nmercial r cable r cable-add'l ch protection	idential	RATE	CATEGO		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLOO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER ition: Non-res rel, hotel nmercial r cable r cable-add'l ch e protection glar protection	idential	RATE	CATEGO		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	BLOO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ORY OF SER tition: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE	CATEGO		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ORY OF SER ition: Non-res rel, hotel nmercial r cable r cable-add'l ch e protection glar protection	idential	RATE	CATEGO		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SER tition: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE	CATEGO		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	ORY OF SER ation: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection services: connect	idential	RATE	CATEGO		RATI

	2023/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM ID#				
	Mahaska Communic	ation Group LLC		63061				
	PRIMARY TRANSMITTERS:							
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a	entify every television station (including t am during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations can	 (1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain state 	ime basis under ams [sections tions carried on a				
	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.							
	basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s in's call sign. <i>Do not</i> report origination pr id with a station according to its over-the- the form. lel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. In case whether the station is a network s ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list in ddian stations, if any, give the name of the	see page (v) of the general instruct ogram services such as HBO, ESF -air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepen- r "E-M" (for noncommercial education stions in the paper SA1-2 form. the community to which the station	ions. PN, etc. Identify each ort multistream 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				
	WOI-DT	5.1	N	DES MOINES IA				
	WOI-DT2,3,4	5.2, 5.3, 5.4	N-M	DES MOINES IA				
Rows as Necessary	KCCI	8.1	N	DES MOINES IA				
,	KCCI-DT2,3	8.2, 8.3	N-M	DES MOINES IA				
	KDIN-TV	11.1	E	DES MOINES IA				
	KDIN-DT2,3,4	11.2, 11.3, 11.4	E-M	DES MOINES IA				
	WHO-DT	13.1						
			N	DES MOINES IA				
	WHO-DT2,3,4	13.2, 13.3, 13.4	<u>N</u> N-M	DES MOINES IA DES MOINES IA				
	WHO-DT2,3,4 KDSM-TV	13.2, 13.3, 13.4 17.1	N-M	DES MOINES IA				
	KDSM-TV	17.1	N-M N	DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4	17.1 17.2,17.3, 17.4	N-M	DES MOINES IA DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4 KCWI-TV	17.1 17.2,17.3, 17.4 23.1	N-M N N-M	DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4	17.1 17.2,17.3, 17.4 23.1 23.2, 23.3, 23.4	N-M N N-M N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4 KCWI-TV KCWI-DT2,3,4	17.1 17.2,17.3, 17.4 23.1	N-M N N-M N N-M	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4 KCWI-TV KCWI-DT2,3,4	17.1 17.2,17.3, 17.4 23.1 23.2, 23.3, 23.4	N-M N N-M N N-M	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4 KCWI-TV KCWI-DT2,3,4	17.1 17.2,17.3, 17.4 23.1 23.2, 23.3, 23.4	N-M N N-M N N-M	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4 KCWI-TV KCWI-DT2,3,4	17.1 17.2,17.3, 17.4 23.1 23.2, 23.3, 23.4	N-M N N-M N N-M	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4 KCWI-TV KCWI-DT2,3,4	17.1 17.2,17.3, 17.4 23.1 23.2, 23.3, 23.4	N-M N N-M N N-M	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4 KCWI-TV KCWI-DT2,3,4	17.1 17.2,17.3, 17.4 23.1 23.2, 23.3, 23.4	N-M N N-M N N-M	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4 KCWI-TV KCWI-DT2,3,4	17.1 17.2,17.3, 17.4 23.1 23.2, 23.3, 23.4	N-M N N-M N N-M	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4 KCWI-TV KCWI-DT2,3,4	17.1 17.2,17.3, 17.4 23.1 23.2, 23.3, 23.4	N-M N N-M N N-M	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA				
	KDSM-TV KDSM-DT2,3,4 KCWI-TV KCWI-DT2,3,4	17.1 17.2,17.3, 17.4 23.1 23.2, 23.3, 23.4	N-M N N-M N N-M	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA				

Accounting F	Period: 2023	2					FORM	M SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
Mahaska Co	ommunicati	on Gro						63061
all-band basis v Special Instrue	t every radio s whose signals ctions Concer	tation ca were ger r ning All	rried on a separate and discre nerally receivable by your cabl - Band FM Carriage: Under C	e system during t opyright Office re	the accounting gulations, an	g period FM sign	al is generally	H Primary
on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf	monitoring, to ormation abou rm. dentify the call State whether t f the radio stati	be recei t the Co sign of e he statio ion's sigr	tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. nal was electronically processes mark in the "S/D" column.	ystem's FM ante nis point, see pag	nna, during ce ge (v) of the ge	ertain sta eneral in	ated intervals. structions in the.	Transmitters: Radio
Column 4: G	Give the station	n's locatio	the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KBOE	FM		OSKALOOSA IA					
KMZN	FM		OSKALOOSA IA					
KIIC KMFH	FM FM		ALBIA IA OSKALOOSA IA					
			OSIALOOSA IA					
	+							
	_							
	1	Γ	[]				I	

	d: 2023/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	Mahaska Communicat	tion Group	p LLC				63061
I	SUBSTITUTE CARRIAGE In General: In space I, ident	ify every nor	nnetwork televis	ion program, broadcast by a	a distant static		
Substitute	substitute basis during the a explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				general meas		
Special	 During the accounting per 				s, any nonne	twork television proc	gram
Statement and Program Log	broadcast by a distant sta				•	YE	X
	Note: If your answer is "No	" leave the	rest of this pac	e blank. If your answer is '	"Yes " vou mi		
	log in block 2.	, louve the			res, you me		gian
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subs				wherever pos	sible, if their meanir	ng is
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	program") tha	t. during the accour	ntina
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another	station
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		VIES OF DASKE	abali. List specific program	n uties, for ex	ample, TLOVE LUCY	01
				r "Yes." Otherwise enter "N			
				isting the substitute progra ne community to which the		nsed by the ECC or	in
	the case of Mexican or Car		(,		,	, ""
			when your sys	tem carried the substitute	orogram. Use	numerals, with the	month
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your o	cable system	List the times accu	rately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	ar "D" if the	listed program	was substituted for progra	mension of the at w	aur avatam waa raa	wired
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						- 3
	effect on October 19, 1976.						
			E PROGRAM			N SUBSTITUTE	
			E PROGRAM	4. STATION'S LOCATION			DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	DELETION

Accounting Period:	2023/2			FORM	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			\$	SYSTEM ID#
	Mahaska Communication Group LLC				63061
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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 receipting the statement in space P concerning the statement in spac	ystem's see on of how to	condary transmi compute this a	ssion service mount, see \$ 3	63,839.00 rross 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 l • Use block 3 if the amount of gross receipts in space K is more than \$137,100 l • Use block 3 if the amount of gross receipts in space K is more than \$137,100 l • Use block 3 if the amount of gross receipts in space K is more than \$137,100 l • Use block 3 if the general instructions located in the paper SA1-2 form for more in	out less tha nformation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	s six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lir	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	<u> </u>
	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				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but l	ess than \$527	600)	
	1. Enter the amount of gross receipts from space K	\$	363,839.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	100,039.00		
	4. Multiply line 3 by .01		\$	1,000.39	
	5. Royalty due on the first $263,800$ of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6		\$	2,319.39
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,319.39	
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			\$	2,339.39
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				jhts!

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Imunication Group LLC	SYSTEM ID# 63061
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 television broad ers, and (2) the cable system's total number of activated channels during the accounting perio tal number of channels on which the cable ied television broadcast stations	od.
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to who at about this statement of account.)	m
for Further Information	Name	Mark Falck	Telephone 641-676-2740
	Address	210 S D St (Number, street, rural route, apartment, or suite number) Oskaloosa, IA 52577	
	Email	(City, town, state, zip) mark.falck@mahaska.org Fax (option)	al
	CERTIFICATIO	I (This statement of account must be certified and signed in accordance with Copyright Office	regulations)
O Certification	(Own (Age X (Off • I have examin are true, comp	 here by certify that (Check one, <i>but only one</i>, of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in linent of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or ider or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ide in line 1 of space B. ad the statement of account and hereby declare under penalty of law that all statements of fact con lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] 	of the cable system as identified entified as owner of the cable system
		X /s/ Frank Hansen Attended in the second	
		Date: 01/03/20	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 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.

	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
aska Communication Group LLC	6306 [,]
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. 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	Interest Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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