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				
02/19/2024	\$ 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))						
		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 APPRESS OF OARLE OVERTEN						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		800 S MAIN ST, PO BOX 835 (Number, street, rural route, apartment, or suite number)						
		MONONA, IA 52159 (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:						
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM						
Name								
	NORTHEAST IOWA TELEPHONE CO Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules							
_	"a separate and distinct community or municipal entity (including unincorporated co							
D								
	discrete 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 "first community." Please use it as the first community on all future filings.							
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	name narks should be reported in parentheses below the						
Area	identified city.	ionie parks snould be reported in parentneses below the						
Served	identified dity.							
	CITY OR TOWN	STATE						
First	MONONA	IA						
Community	LUANA	ia ia						
Community	FARMERSBURG							
		IA.						
d Rows as Necessary	ST. OLAF	IA						

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8213

NORTHEAST IOWA TELEPHONE CO

E

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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	522	\$29.95	Digital IPTV	478	\$83.95		
Service to additional set(s)	407	\$4.95					
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
					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	\$16.00	Motel, hotel		HD Equipment Fee	\$4.95
 Pay cable—add'l channel 	\$15.50	Commercial		DVR	\$4.95
Fire protection		• Pay cable		Whole Home DVR	\$4.95
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$99.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	\$25.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	\$10.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8213

NORTHEAST IOWA TELEPHONE CO

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KRIN	32	E-M	DUBUQUE, IA
KGAN	2	N-M	CEDAR RAPIDS, IA
KWWL	7	N-M	WATERLOO, IA
KCRG	9	N-M	CEDAR RAPIDS, IA
KWKB	95	N	WEST BRANCH, IA
KPXR	47	N	CEDAR RAPIDS, IA
KFXB	44	l	DUBUQUE, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NORTHEAST IOWA TELEPHONE CO

8213

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	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KOEL	FM		OELWEIN, IA	KFMD	FM		DUBUQUE, IA
KRNA	FM		IOWA CITY, IA	KCHA	FM		CHARLES CITY, IA
KNEI	FM		WAUKON, IA	KCNB	FM		WATERLOO, IA
KFMW	FM		ROCHESTER, MN	KROC	FM		PRESTON, MN
KRIL	FM		LACROSSE, WI	WLSU	FM		DECORAH, IA
KDEC	FM		DECORAH, IA	KCTN	FM		ELKADER, IA
KVIK	FM		DECORAH, IA	WQPC	FM		PRAIRIE DU CHIEN, W
KAT	FM		DUBUQUE, IA	WRQT	FM		LACROSSE, WI
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	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				· · · · · ·	S	YSTEM ID		
Name	NORTHEAST IOWA TI	ELEPHON	E CO						821		
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G						
ı	In General: In space I, identi substitute basis during the a										
ubstitute	explanation of the programn										
arriage: Special	1. SPECIAL STATEMENT CONCENTING SUBSTITUTE CARRIAGE										
tement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
rogram Log	broadcast by a distant station? YES YES										
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program										
		log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS									
	In General: List each subs	stitute progra	am on a separ		wherever po	ossible, if	their me	aning is	;		
	clear. If you need more spa			l rows to the tables. vision program ("substitute	program") th	nat. durino	the acc	counting	I		
	period, was broadcast by a	a distant stat	tion and that y	our cable system substitut	ed for the pro	ogrammin	g of ano	ther sta	tion		
	under certain FCC rules, re Do not use general catego								n.		
	"NBA Basketball: 76ers vs.	. Bulls."				' '		,			
				er "Yes." Otherwise enter " casting the substitute progr							
	Column 4: Give the bro	adcast stati	on's location (the community to which the	e station is lic		the FC0	C or, in			
	the case of Mexican or Car Column 5: Give the more			e community with which the substitute			als, with	the mor	nth		
	first. Example: for May 7 gi		1 . 19			11.44	· ·				
	to the nearest five minutes			ogram was carried by your ried by a system from 6:01					ıy		
	stated as "6:00-6:30 p.m."	د ـ «D» : د داد ـ									
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program										
	to delete under FCC rules was substituted for prograr	and regulati nming that y	ons in effect d	luring the accounting perio	d; enter the l	etter "P" i	f the liste	ed progr			
	to delete under FCC rules	and regulati nming that y	ons in effect d	luring the accounting perio	d; enter the l	etter "P" i	f the liste	ed progr			
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulati mming that y	ons in effect d your system w	during the accounting perion as permitted to delete und	d; enter the le er FCC rules WHE	etter "P" it and regu	f the liste lations in	ed progr n	am		
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulati	ons in effect d your system w	during the accounting perion as permitted to delete und	d; enter the li er FCC rules WHE CARRI	etter "P" i and regu N SUBST AGE OC	f the liste lations in	ed progr n	am		
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulati	ons in effect d your system w	during the accounting perion as permitted to delete und	d; enter the le er FCC rules WHE	etter "P" i and regu N SUBST AGE OC	f the liste lations in TITUTE CURREI TIMES	ed progr n	REASON FC		
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulation ming that you is. UBSTITUT 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	during the accounting perion as permitted to delete und	d; enter the lier FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OC	f the liste lations in TITUTE CURREI TIMES	ed progr	REASON FC		
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulation ming that you is. UBSTITUT 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	during the accounting perion as permitted to delete und	d; enter the lier FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OC	f the liste lations in TITUTE CURREI TIMES	ed progr	REASON FC		
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulation ming that you is. UBSTITUT 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	during the accounting perion as permitted to delete und	d; enter the lier FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OC	f the liste lations in TITUTE CURREI TIMES	ed progr	REASON FO		
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulation ming that you is. UBSTITUT 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	during the accounting perion as permitted to delete und	d; enter the lier FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OC	f the liste lations in TITUTE CURREI TIMES	ed progr	REASON FO		
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	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulation ming that you is. UBSTITUT 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	during the accounting perion as permitted to delete und	d; enter the lier FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OC	f the liste lations in TITUTE CURREI TIMES	ed progr	REASON FO		

counting Period:				SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHEAST IOWA TELEPHONE CO		;	SYSTEM ID 821
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the systems (as identified in space E) during the accounting period. For a further explanation of 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.	em's secondary tra of how to compute t	nsmission servi his amount, se	
	IMPORTANT: You must complete a statement in space P concerning gross recei	_	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more inforr	less than \$527,600		
	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 accounting period is \$52.00.	that you must pay fo	or this 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 2 TOTAL BOYALTY SEE DAVABLE FOR ACCOUNTING BEBIOD. Add lines 1	and 2		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b			
	Base amount under statutory formula	263,800.0	0_	
	Enter amount of gross receipts from space K	245,687.7	4_	
	3. Subtract line 2 from line 1	18,112.2	6_	
	Enter the amount of gross receipts from space K	\$	245,687.74	_
	5. Enter the amount from line 3	<u></u> \$	18,112.26	_
	6. Subtract line 5 from line 4	\$	227,575.48	_
	7. Multiply line 6 by .005 (enter figure here)		\$	1,137.88
	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	\$	1,137.88
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$52	27,600)	
	Enter the amount of gross receipts from space K			
	Base amount under statutory formula	263,800.0	0_	
	3. Subtract line 2 from line 1		<u>_</u>	
	4. Multiply line 3 by .01			_
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>\$</u>	1,319.00	_
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · <u> </u>	0.00	<u>-</u>
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, a	nd 6	· · <u> </u>	
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	<u>\$</u>	1,137.88	-
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		\$	1,157.88
	EFT Trace # or TRANSACTION ID #	76637613622		
	Important: Your remittance must be in the form of an electronic payment p	pavable to the Regis	ter of Copyrights	s.
	See page i of the general instructions in the paper SA1-2 form and the Exce			

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER O				SYSTEM ID# 8213
M Channels	to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable systems	the cable system's to of channels on which in broadcast stations of activated channels are carried television	otal num the cab s broadcas		16 225
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			DRMATION IS NEEDED (Identify an individual	
for Further Information	Address 800 S	MAIN ST, PO E		35	33-539-2122
	MONO	DNA, IA 52159 n, state, zip)	nent, or su	ille nuriber)	
	Email	sreth@neitel.co	m	Fax (optional) 563-539-2003	
O Certification	• I, the undersigned, hereby (Owner other the line of	y certify that (Check on an corporation or pure other than corporation or pure other than corporations of the corporation of th	one,but of partnersh ation or p owner is n	ertified and signed in accordance with Copyright Office regulations) nly one, of the boxes.) nip) I am the owner of the cable system as identified in line 1 of space B; coartnership) I am the duly authorized agent of the owner of the cable system as corporation or partnership; or coration) or a partner (if a partnership) of the legal entity identified as ownership.	stem as identified
	in line 1 of s	pace B. ement of account and rrect to the best of my	hereby d	declare under penalty of law that all statements of fact contained herein dge, information, and belief, and are made in good faith.	·
			Enter an	/s/ Steve Hanson electronic signature on the line above to certify this statement. enature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed			
		Title: (Title of of		Operating Officer on held in corporation or partnership)	
		Date:		2/15/2024	

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 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 8213 NORTHEAST IOWA TELEPHONE CO 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 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner

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Address

ID number

First community served Accounting period