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

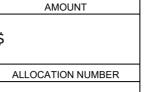
STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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DATE RECEIVED 2/28/2025 \$



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	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2024/2 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	
		Minburn Cablevision, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 416 Chestnut Street, P.O. Box 206	
		(Number, street, rural route, apartment, or suite number)	
		Minburn, IA 50167 (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 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:	
	1	38306	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	416 Chestnut Street, P.O. Box 206 (Number, street, rural route, apartment, or sulte number)	
		Minburn, Iowa 50167 (City, town, state, zip code)	
	1	Verili entri entri mb errel	

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

Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Minburn Cablevision, Inc.	38306
D Area Served	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated co 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 mobil city.	mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
		OTATE
First	CITY OR TOWN Minburn	STATE IA
Community	Woodward	IA
	Perry	IA
Add Rows as Necessary	Dallas Center	IA
	Adel	IA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					FORM SA1	TEM ID	
Name	Minburn Cablevision, In						0.0	3830	
		-							
Е	SECONDARY TRANSMISSION In General: The information in s				v transmission se	rvice of the	cable		
-	system, that is, the retransmission	•	-		•				
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both down by categories of secondary	•							
scribers and Rates	each category by counting the n		0						
	separately for the particular serv								
	Rate: Give the standard rate c	-				-			
	unit in which it is generally billed.	· · ·	,		rd rate variations	within a par	ticular rate		
	category, but do not include disc Block 1: In the left-hand block		•	•	ondary transmiss	ion service	that cable		
	systems most commonly provide	•		Ũ	•				
	that applies to your system. Note								
	categories, that person or entity				• • •	•			
	subscriber who pays extra for ca				I in the count und	er "Service	to the		
	first set" and would be counted of Block 2: If your cable system				service that are o	lifferent fror	n those		
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	right-hand blo	ock. A two- or thre	e-word description	n of the serv	/ice is		
	sufficient.	OCK 1				BLOCK	2		
		NO. OF				BLUCK .	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	RS RA	TE CAT	EGORY OF SER	VICE	SUBSCRIBERS	RAT	
	Residential:				( <b>T A A</b>				
	Service to first set				e (Res & Com		20	63.9	
	<ul> <li>Service to additional set(s)</li> </ul>				(Res & Comm	)	20 109	####	
	• FM radio (if separate rate)				Res & Comm)			####	
	Motel, hotel				ercial Bulk 1			####	
	Commercial				Bulk 2 Per Ro			\$22.5	
	Converter				ercial Lifeline	Select	5		
	Residential				ercial Prime		-		
	Non-residential			Comm	ercial Elite		4		
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSIONS	RATES					
F	In General: Space F calls for rat	te (not subscribe	er) informatior	with respect to a	ll your cable syste	m's service	s that were		
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•		•		0 ( )			
Other Than									
	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.								
Secondary	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Secondary Fransmissions:	Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
Secondary	-	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a							
Secondary Fransmissions:	listed in block 1 and for which a		s the rate for a						
Secondary Fransmissions:	-		e the rate for e						
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip	otion and include	CK 1	ach.			BLOCK 2		
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and include	CK 1 CATEGORY	ach. DF SERVICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE	
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and include	CK 1 CATEGORY	ach. DF SERVICE Non-residential			RY OF SERVICE		
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and include	CK 1 CATEGORY Installation: • Motel, hot	ach. DF SERVICE Non-residential el		Standard	RY OF SERVICE	\$5.4	
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	otion and include	CK 1 CATEGORY Installation: • Motel, hot • Commerc	ach. DF SERVICE Non-residential el		Standaro DVR 250	RY OF SERVICE STB GB 3 stream	\$5.4 \$9.9	
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	otion and include	CK 1 CATEGORY ( Installation: • Motel, hot • Commerc • Pay cable	ach. DF SERVICE Non-residential el al		Standard DVR 250 DVR 250	RY OF SERVICE I STB GB 3 stream GB 5 Stream	\$5.4 \$9.9 12.9	
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	otion and include	CK 1 CATEGORY ( Installation: • Motel, hot • Commerc • Pay cable • Pay cable	ach. DF SERVICE Non-residential el al -add'l channel		Standard DVR 250 DVR 250	RY OF SERVICE STB GB 3 stream	\$5.4 \$9.9 12.9	
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE	CK 1 CATEGORY ( Installation: • Motel, hot • Commerc • Pay cable • Pay cable • Fire prote	ach. DF SERVICE Non-residential el al -add'I channel ction		Standard DVR 250 DVR 250	RY OF SERVICE I STB GB 3 stream GB 5 Stream	\$5.4 \$9.9 12.9	
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	otion and include	CK 1 CATEGORY ( Installation: • Motel, hot • Commerc • Pay cable • Pay cable • Fire prote • Burglar pr	ach. DF SERVICE Non-residential el al -add'I channel ction otection		Standard DVR 250 DVR 250	RY OF SERVICE I STB GB 3 stream GB 5 Stream	\$5.4 \$9.9 12.9	
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE	CK 1 CATEGORY ( Installation: • Motel, hot • Commerc • Pay cable • Pay cable • Fire prote • Burglar pr Other service	ach. DF SERVICE Non-residential el al -add'I channel ction otection es:		Standard DVR 250 DVR 250	RY OF SERVICE I STB GB 3 stream GB 5 Stream	\$5.4 \$9.9 12.9	
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip 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)	BLOC RATE	CK 1 CATEGORY ( Installation: I • Motel, hot • Commerc • Pay cable • Pay cable • Fire prote • Burglar pr Other service • Reconnect	ach. DF SERVICE Non-residential el al -add'I channel ction otection ps: t		Standard DVR 250 DVR 250	RY OF SERVICE I STB GB 3 stream GB 5 Stream	\$5.4 \$9.9 12.9	
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE	CK 1 CATEGORY ( Installation: 1 • Motel, hot • Commerc • Pay cable • Pay cable • Fire prote • Burglar pr Other service • Reconnec • Disconnec	ach. DF SERVICE Non-residential el al -add'l channel ction otection es: t t		Standard DVR 250 DVR 250	RY OF SERVICE I STB GB 3 stream GB 5 Stream	\$5.4 \$9.9 12.9	
Secondary Fransmissions:	listed in block 1 and for which a s brief (two- or three-word) descrip 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)	BLOC RATE	CK 1 CATEGORY ( Installation: I • Motel, hot • Commerc • Pay cable • Pay cable • Fire prote • Burglar pr Other service • Reconnec • Disconnec • Outlet relo	ach. DF SERVICE Non-residential el al -add'l channel ction otection es: t t		Standard DVR 250 DVR 250	RY OF SERVICE I STB GB 3 stream GB 5 Stream	\$5.4 \$9.9 12.9	

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Minburn Cablevision,	Inc.		383
G	carried by your cable syster	TELEVISION Intify every television station (including to a during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part-tir	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru	e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th	l(e)(2) and (4))]; and (2) certain stati rried by your cable system on a sub	ons carried on a stitute program
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel	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 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.	see page (v) of the general instructi rogram services such as HBO, ESP -air designation. For example, repo	ons. N, etc. Identify each rt multistream
	<b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Canad	case whether the station is a network s rring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	or network multicast), "I" (for indepe r "E-M" (for noncommercial educatio ctions in the paper SA1-2 form. the community to which the station is community with which the station	ndent), "I-M" nal multicast). s licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	IPTV 11.1	1	I-M	Des Moines
	IPTV 11.2	2	I-M	Des Moines
	IPTV 11.3	3	I-M	Des Moines
	IPTV 11.4	4	I-M	Des Moines
d Rows as Necessary	WOI 5.1	5	N	Ames/Des Moines
	WOI 5.2	6	N-M	Ames/Des Moines
	WOI 5.3	7	N-M	Ames/Des Moines
	KCCI 8.1	8	N	Des Moines
	KCCI 8.2	9	N-M	Des Moines
	KCCI 8.3	10	N-M	Des Moines
	WOI 5.4	12	N-M	Des Moines
	WHO 13.1	13	N	Des Moines
	WHO 13.2	14	N-M	Des Moines
	WHO 13.3	15	N-M	Des Moines
	WHO 13.3 WHO 13.4	15 16	N-M N-M	Des Moines Des Moines
	WHO 13.4	16	N-M	Des Moines
	WHO 13.4 KDSM 17.1	16 17	N-M N	Des Moines Des Moines
	WHO 13.4 KDSM 17.1 KDSM 17.2	16 17 18	N-M N N-M	Des Moines Des Moines Des Moines
	WHO 13.4 KDSM 17.1 KDSM 17.2 KDSM 17.3	16 17 18 19	N-M N N-M N-M	Des Moines Des Moines Des Moines Des Moines
	WHO 13.4 KDSM 17.1 KDSM 17.2 KDSM 17.3 KDSM 17.4	16 17 18 19 20	N-M N N-M N-M N-M	Des Moines Des Moines Des Moines Des Moines Des Moines
	WHO 13.4 KDSM 17.1 KDSM 17.2 KDSM 17.3 KDSM 17.4 KCWI 23.1	16 17 18 19 20 23	N-M N N-M N-M N-M N	Des Moines
	WHO 13.4 KDSM 17.1 KDSM 17.2 KDSM 17.3 KDSM 17.4 KCWI 23.1 KCWI 23.5	16 17 18 19 20 23 24	N-M N N-M N-M N-M N N-M	Des Moines
	WHO 13.4 KDSM 17.1 KDSM 17.2 KDSM 17.3 KDSM 17.4 KCWI 23.1 KCWI 23.5 KCWI 23.3	16 17 18 19 20 23 23 24 25	N-M N N-M N-M N-M N N-M N-M N-M	Des Moines         Des Moines

ounting Period:				FORM SA1-2E	-					
Name	LEGAL NAME OF OWNER C			SYS1	3830					
	Minburn Cablevision	, Inc.			202					
	PRIMARY TRANSMITTERS:	TELEVISION								
G		entify every television station (including tra								
G		carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
Primary		In effect on June 24, 1981, permitting the $(e)(2)$ and $(4)$ , or 76.63 (referring to 76.61)								
Transmitters:		as explained in the next paragraph.								
Television	Substitute Basis Stations	s: With respect to any distant stations carr	ied by your cable system on a s	ubstitute program						
		ules, regulations, or authorizations:								
	<ul> <li>Do not list the station her station was carried only or</li> </ul>	re in space G—but do list it in space I (the	Special Statement and Program	n Log)—If the						
		also in space I, if the station was carried I	both on a substitute basis and al	so on some other						
		on concerning substitute basis stations, so								
		on's call sign. <i>Do not</i> report origination pro								
		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									
		VRC is channel 4 in Washington, D.C.	g	······						
	<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial									
		ering the letter "N" (for network), "N-M" (fo	<i>//</i>	, ·						
	(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.									
		on of each station. For U.S. stations, list th		n is licensed by the						
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KDMI 19.3	258	N-M	Des Moines						
	KFPX 39.2	28	N-M	Des Moines						
	KRPX 39.3	29	N-M	Des Moines						

Accounting P							FOR	M SA1-2E. PAGE 4
LEGAL NAME OF Minburn Cal			YSTEM:					SYSTEM ID#
		IC.						38306
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
receivable if (1) on the basis of a For detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate	it is carried by monitoring, to prmation about rm. Jentify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sigr g a check	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. n is AM or FM. hal was electronically processed (mark in the "S/D" column. on (the community to which the	the system's hea system's FM anter his point, see pag ed by the cable sy	adend, and (2) nna, during ce je (v) of the ge ystem as a sej	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters: Radio
	adian stations	s, if any, i	the community with which the	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2024/2					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS1	EM:				SYSTEM ID#
Name	Minburn Cablevision, I	nc.					38306
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	;		
Substitute	<b>In General:</b> In space I, identi <i>substitute basis</i> during the ac explanation of the programm	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations	. For a further
Carriage:	1. SPECIAL STATEMENT	-			Ŭ		
Special	<ul> <li>During the accounting per</li> </ul>				sis, anv nonne	twork television progra	am
Statement and Program Log	broadcast by a distant stat	-			····, ··· <b>,</b> ·····		XNO
Frogram Log	,				<i>"</i> , <i>"</i> , "	YES	
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	"Yes," you mi	ust complete the progr	am
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sible if their meaning	is
	clear. If you need more spa				wherever poe		13
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.	Bulls."		r "Yes." Otherwise enter "			
	Column 3: Give the call						
	the case of Mexican or Can			e community to which the			1
				tem carried the substitute			onth
	first. Example: for May 7 giv	/e "5/7."					
				gram was carried by your			tely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program cam	ed by a system from 6.01.	. 15 p.m. to 6:2	a:50 p.m. should be	
		er "R" if the	listed program	was substituted for progr	amming that y	our system was <i>requi</i>	red
	to delete under FCC rules a						gram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	and regulations in	
					WHE	EN SUBSTITUTE	
		UBSTITUT 2. LIVE?	E PROGRAM		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
					-		
						<u> </u> <u>-</u>	
					-	_	
						_	
					-		
					-		
					-		
					-		
					-		
					-		

_	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM II
Name	Minburn Cablevision, Inc.				3830
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form all amounts (gross receipts) paid to your cable system by subscribe (as identified in space E) during the accounting period. For a further page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission set during the accounting period	rs for the system's explanation of how n. rvice(s)	secondary transm w to compute this a	ssion service mount, see \$ 16	5,694.08
	· ·	ig gross receipts.		(Amount of gr	oss 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 cf Use block 2 if the amount of gross receipts in space K is more than Use block 3 if the amount of gross receipts in space K is more than See page (vi) of the general instructions located in the paper SA1-2 form	\$137,100 but less \$263,800 but less	than \$527,600	63,800	
	BLOCK 1: GROSS RECEIPT	S OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, accounting period is \$52.00	the royalty fee that	you must pay for th	is 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 PERIO				
	BLOCK 2: GROSS RECEIPTS OF \$263,80	```		,	
	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			165,694.08	
	5. Enter the amount from line 3			98,105.92	
	6. Subtract line 5 from line 4			67,588.16	
	7. Multiply line 6 by .005 (enter figure here)				337.94
	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 .		\$	337.94
	BLOCK 3: GROSS RECEIPTS OF MORE T	HAN \$263,800 (b	out less than \$527	,600)	
	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		200,000.00		
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory for			1,319.00	
	<ol> <li>6. Interest charge. Enter the amount from line 4, space Q, page 8</li> </ol>			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.	Aud lines 4, 5, and	σσ		
	FILING FEE AND TOTAL REMITT	ANCE DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, ab		\$	337.94	
Total Remittance Due					
	2. Filing Fee (See the instructions for more information on filing fee calc	culations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2	and 3		\$	357.94
	Important: Your remittance must be in the form of an elect	tronic payment pa	yable to the Regis	ter of Copyrig	hts!
	See page i of the general instructions in the				

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Minburn Cablevision, Inc.	SYSTEM ID 38306
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	28 220
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Debra Lucht Telephone 515-6	77-2264
	Address 416 Chestnut Street, P.O. Box 206 (Number, street, rural route, apartment, or suite number) Minburn, IA 50167 (Citly, town, state, zip)	
	Email debl@minburncomm.com Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> </ul>	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the	
	<ul> <li>in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Debra Lucht	
	Title: CEO (Title of official position held in corporation or partnership)	
	Date: 2/28/25	

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 fling, a determination that would be made by a court of law.

ounting Period: 2024/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
nburn Cablevision, Inc.	38306
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         YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address	
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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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