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						
1/14/2025	\$	Fo co Oi				
	ALLOCATION NUMBER	(2				

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	CCOUNTING 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								
		Lost Nation Elwood Telephone Co								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		PO Box 97, 304 Long Ave (Number, street, rural route, apartment, or suite number)								
		Lost Nation IA 52254								
		(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: 52357								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	PO Box 97 (Number, street, rural route, apartment, or suite number)								
	_	Lost Nation IA 52254								
		(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.

	T	FORM SA1-2E. PAGE 11					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
	Lost Nation Elwood Telephone Co 5235						
	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						
D	separate and distinct community or municipal entity (including unincorporated cor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will set community." Please use it as the first community on all future filings.	ve as a form of system identification hereafter known as the "first					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	nome parks snould be reported in parentheses below the identifie					
First	CITY OR TOWN Lost Nation	STATE IA					
Community	Elwood	IA					
	Oxford Junction	IA IA					
	Oxford Juffction	IA.					
d Rows as Necessary							

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

52357

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Lost Nation Elwood Telephone Co

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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF	RATE	CATEGORY OF SERVICE	NO. OF	RATE
	SUBSCRIBERS	KAIL	CATEGORY OF SERVICE	SUBSCRIBERS	KAIL
Residential:					
 Service to first set 	263	43.95			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
 Residential 					
Non-residential					

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		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	20.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	20.00		
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Lost Nation Elwood Telephone Co

52357

G

Primary Transmitters: Television

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	ı
	l

IPTVDT 11.2

IPTVDT 11.3

IPTVDT 11.4

KFXADT 28.1

2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
2	N N	Cedar Rapids IA
4		Rock Island IL
		Cedar Rapids IA
		Bettendorf, IA
		Waterloo IA
		Moline IL
		Cedar Rapids IA
		Davenport IA
		Cedar Rapids IA
		·
		Johnston IA
		Cedar Rapids IA
		Cedar Rapids IA
2-2	N-M	Cedar Rapids IA
2-3	N-M	Cedar Rapids IA
40	N	Dubuque IA
48-1	N-M	Cedar Rapids IA
48-2	N-M	Cedar Rapids IA
48-3	N-M	Cedar Rapids IA
20	N	Waterloo IA
7-1	N-M	Waterloo IA
7-2	N-M	Waterloo IA
		Waterloo IA
		Cedar Rapids IA
		Cedar Rapids IA Cedar Rapids IA
		Cedar Rapids IA
9-5	N-M	Cedar Rapids IA
	2 4 28 6 7 8 9 18 26 12 48 2-1 2-2 2-3 40 48-1 48-2 48-3 20 7-1 7-2 7-3 9-1 9-2 9-3 9-4	2 N 4 N 28 N 6 N 7 N 8 N 9 N 18 N 26 N 12 E 48 N 2-1 N-M 2-2 N-M 40 N 48-1 N-M 48-2 N-M 48-3 N-M 20 N 7-1 N-M 7-2 N-M 7-3 N-M 9-1 N-M 9-1 N-M 9-3 N-M 9-3 N-M 9-4 N-M

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

E-M

F-M

E-M

I-M

Johnston IA

Johnston IA

Johnston IA

Cedar Rapids IA

11-1

11-2

11-3

28-1

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFXADT 28.2	28-2	I-M	Cedar Rapids IA
KFXADT 28.3	28-3	I-M	Cedar Rapids IA
KFXADT 28.4	28-4	I-M	Cedar Rapids IA
WHBFDT 4.1	4-1	N-M	Rock Island IL
WHBFDT 4.2	4-2	N-M	Rock Island IL
WHBFDT 4.3	4-3	N-M	Rock Island IL
WHBFDT 4.4	4-4	N-M	Rock Island IL
KWQCDT 6.1	6-1	N-M	Davenport IA
KWQCDT 6.3	6-3	N-M	Davenport IA
WQADDT 8.1	8-1	N-M	Moline IL
WQADDT 8.2	8-2	N-M	Moline IL
WQADDT 8.3	8-3	N-M	Moline IL
K⊔BDT 18.1	18-1	N-M	Davenport IA
K⊔BDT 18.2	18-2	N-M	Davenport IA
KGCW 26.1	26-1	I-M	Cedar Rapids IA
KGCW 26.2	26-2	I-M	Cedar Rapids IA
KGCW 26.3	26-3	I-M	Cedar Rapids IA
KGCW 26.4	26-4	I-M	Cedar Rapids IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Lost Nation Elwood Telephone Co

52357

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
						\	

A	1. 2024/2							340445= =: == : T	
Accounting Perio	d: 2024/2 LEGAL NAME OF OWNER OF (CABLE SYST	EM:				FOF	SYSTEM ID#	
Name	Lost Nation Elwood Te							52357	
Substitute Carriage: Special	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptantion of the programmi 1. SPECIAL STATEMENT	fy every non ecounting pe ing that mus	network televisi riod, under spe t be included in NING SUBSTI	ion program, broadcast by cific present and former FC this log, see page (v) of the ITUTE CARRIAGE	a <i>distant</i> statio C rules, regula e general instru	ations, or a uctions in th	uthorizations. he paper SA1	For a further -2 form.	
Statement and	1	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	broadcast by a distant stat						YES	X NO	
	Note: If your answer is "No, log in block 2.	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	ete the progra	am	
	Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	itute progra ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the and regulation	m on a separa add additional ranetwork televion and that your authorizations vies" or "basked cast live, enterestation broadca on's location (thins, if any, the cowhen your system substitute program carried listed program ons in effect du	sows to the tables. Ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "lasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	program") that ad for the program titles, for eximals. No." and station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that yd; enter the let	nsed by the hitified). List the tiles:30 p.m. cour syster "P" if the	he accounting of another standard information and the cover Lucy" or the FCC or, in the modern accurate should be the modern was required the listed programmes accurate and the cover was required the listed programmes accurate and the cover was required the listed programmes accurate and the cover was required the listed programmes accurate and the cover was required to the cover	g ation on. onth ely	
	effect on October 19, 1976.					EN SUBS	-		
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		CURRED TIMES	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO		
		<u> </u>				 			
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Accounting Period:	2024/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	s	YSTEM ID#
	Lost Nation Elwood Telephone Co		52357
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ission service	
	during the accounting period.	-	4,258.75
	IMPORTANT: You must complete a statement in space P concerning 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 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 \$: 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.	263,800.	
	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 t accounting period is \$52.00.	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	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 \$263,800 (but less than \$527,	600)	
	Enter the amount of gross receipts from space K		
	· · · · · · · · · · · · · · · · · · ·		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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)	15.00	
	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 mo	ore information	<u>-</u>

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7.				
Name		OWNER OF CABLE SYSTEM: wood Telephone Co			SYSTEM ID# 52357				
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								
	Enter the tota on which the	al number of activated channo cable system carried televisio			255				
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accordance.	THER INFORMATION IS NEEDED (Identify an in punt.)	ndividual					
for Further Information	Name	Crystal Burmeister		Telephone	563-678-2470				
	Address	(Number, street, rural route, apart Lost Nation IA 52254	rtment, or suite number)						
	Email	(City, town, state, zip) cris@LNECom	nm.com	Fax (optional <u>563-678-230</u>	00				
	CERTIFICATION	(This statement of account m	nust be certified and signed in accordance with C	Copyright Office regulations)					
O Certification	• I, the undersigne	ed, hereby certify that (Check o	one, but only one, of the boxes.)						
	(Owne	r other than corporation or p	partnership) I am the owner of the cable system a	s identified in line 1 of space	B; or				
	(Agent		ration or partnership) I am the duly authorized age the owner is not a corporation or partnership; or	ent of the owner of the cable s	system as identified				
	(Offic	er or partner) I am an officer (in line 1 of space B.	(if a corporation) or a partner (if a partnership) of th	e legal entity identified as ow	ner of the cable system				
		ete, and correct to the best of n	d hereby declare under penalty of law that all statem my knowledge, information, and belief, and are mad						
	l		X /s/ Jan Muhl						
			Enter an electronic signature on the line above to c Enter signature using an "/s/ signature" (e.g., /s/ Jo						
		Typed or printed	d name: Jan Muhl						
		Title:	General Manager/ CEO [ittle of official position held in corporation or partnership)						
		Date:		1/14/2025					

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. Accounting Period: 2024/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 52357 Lost Nation Elwood 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-P lowing 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 sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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? 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 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 Address ID number First community served Accounting period

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.