

CONTROL #:

REMITTANCE #:



# Cable Worksheet

Total amount of remittance

Number of SAs rec'd

Initials

Date of remittance

Check

EFT

FILING FEES

Cable ID #	Amount	Initials
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Examined by	Reviewed by	Date examination completed	Allocation number	
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**Space A Accounting Period**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space B Owner**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space D Area Served**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space E Secondary Transission Service Subscribers: and Rates**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space G Primary Transmitters: Television**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space H Primary Transmitters: Radio**

Accepted  Phone call/Date/Contact

**Space I Substitute Carriage**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space J Part-time Carriage Log (SA3 only)</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space K Gross Receipts</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space L Copyright Filing and Royalty Fees</b>
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phoe call/Date/Contact	
		<b>Space M Channels</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space O Certification</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space P Statement of Gross Receipts</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space Q Interest Assessment</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	







<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA</b>	<b>SYSTEM ID#</b> <b>63172</b>
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<p><b>G</b></p> <p><b>Primary Transmitters: Television</b></p>	<p><b>PRIMARY TRANSMITTERS: TELEVISION</b></p> <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) 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 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.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do <i>not</i> 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.</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p>																																																																																												
	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width:25%;">1. CALL SIGN</th> <th style="width:25%;">2. B'CAST CHANNEL NUMBER</th> <th style="width:25%;">3. TYPE OF STATION</th> <th style="width:25%;">4. LOCATION OF STATION</th> </tr> </thead> <tbody> <tr><td>KTVO</td><td>3.1</td><td>N</td><td>KIRKSVILLE MO/OTTUMWA IA</td></tr> <tr><td>KTVO</td><td>3.2</td><td>N</td><td>KIRKSVILLE MO/OTTUMWA IA</td></tr> <tr><td>KCCI</td><td>8</td><td>N</td><td>DES MOINES IA</td></tr> <tr><td>KCCI</td><td>8.1</td><td>N</td><td>DES MOINES IA</td></tr> <tr><td>KCCI</td><td>8.2</td><td>N-M</td><td>DES MOINES IA</td></tr> <tr><td>KDIN</td><td>11</td><td>I</td><td>DES MOINES IA</td></tr> <tr><td>KDIN</td><td>11.1</td><td>I-M</td><td>DES MOINES IA</td></tr> <tr><td>KDIN</td><td>11.2</td><td>I-M</td><td>DES MOINES IA</td></tr> <tr><td>KDIN</td><td>11.3</td><td>I-M</td><td>DES MOINES IA</td></tr> <tr><td>KDIN</td><td>11.4</td><td>I-M</td><td>DES MOINES IA</td></tr> <tr><td>WHO</td><td>13</td><td>N</td><td>DES MOINES IA</td></tr> <tr><td>WHO</td><td>13.1</td><td>N-M</td><td>DES MOINES IA</td></tr> <tr><td>KDSM</td><td>17</td><td>N</td><td>DES MOINES IA</td></tr> <tr><td>KDSM</td><td>17.1</td><td>N-M</td><td>DES MOINES IA</td></tr> <tr><td>KDSM</td><td>17.2</td><td>N-M</td><td>DES MOINES IA</td></tr> <tr><td>KDSM</td><td>17.3</td><td>N-M</td><td>DES MOINES IA</td></tr> <tr><td>KDMI</td><td>19</td><td>N-M</td><td>DES MOINES IA</td></tr> <tr><td>KFPX</td><td>39</td><td>N</td><td>DES MOINES IA</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	KTVO	3.1	N	KIRKSVILLE MO/OTTUMWA IA	KTVO	3.2	N	KIRKSVILLE MO/OTTUMWA IA	KCCI	8	N	DES MOINES IA	KCCI	8.1	N	DES MOINES IA	KCCI	8.2	N-M	DES MOINES IA	KDIN	11	I	DES MOINES IA	KDIN	11.1	I-M	DES MOINES IA	KDIN	11.2	I-M	DES MOINES IA	KDIN	11.3	I-M	DES MOINES IA	KDIN	11.4	I-M	DES MOINES IA	WHO	13	N	DES MOINES IA	WHO	13.1	N-M	DES MOINES IA	KDSM	17	N	DES MOINES IA	KDSM	17.1	N-M	DES MOINES IA	KDSM	17.2	N-M	DES MOINES IA	KDSM	17.3	N-M	DES MOINES IA	KDMI	19	N-M	DES MOINES IA	KFPX	39	N	DES MOINES IA																
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Add Rows as Necessary





<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA</b>	<b>SYSTEM ID#</b> <b>63172</b>
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<b>K</b> <b>Gross Receipts</b>	<p><b>GROSS RECEIPTS</b>  <b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.                  Gross receipts from subscribers for secondary transmission service(s) during the accounting period. . . . .</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align: right; border: 1px solid black; padding: 2px;"><b>\$ 113,725.00</b></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">(Amount of gross receipts)</td> </tr> </table> <p><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.</p>		<b>\$ 113,725.00</b>	(Amount of gross receipts)	
	<b>\$ 113,725.00</b>				
(Amount of gross receipts)					

<b>L</b> <b>Copyright Royalty Fee</b>	<p><b>COPYRIGHT ROYALTY FEE</b>  <b>Instructions:</b> To compute the royalty fee you owe:                  • Complete block 1, block 2, or block 3.                  • Use block 1 if the amount of gross receipts in space K is \$137,100 or less.                  • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800.                  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.                  See page (vi) of the general instructions located in the paper SA1-2 form for more information.</p>																		
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**FILING FEE AND TOTAL REMITTANCE DUE**

<b>Filing Fee and Total Remittance Due</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 52.00</td> </tr> <tr> <td>2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ 15.00</td> </tr> <tr> <td>3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 67.00</b></td> </tr> </table>	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . .	\$ 52.00	2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .	\$ 15.00	3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .	<b>\$ 67.00</b>
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EFT Trace # or TRANSACTION ID # 77293457137

Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See Circular 74 for more information.

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA</b>	<b>SYSTEM ID#</b> <b>63172</b>
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<b>M</b>  <b>Channels</b>	<p><b>CHANNELS</b></p> <p><b>Instructions:</b> 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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . . <span style="border: 1px solid black; padding: 2px 20px;">112</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 20px;">122</span></p>
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<b>N</b>  <b>Individual to Be Contacted for Further Information</b>	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <span style="border: 1px solid black; padding: 2px 50px;">TAMMY WHEELER</span> Telephone <span style="border: 1px solid black; padding: 2px 20px;">641-642-3249</span></p> <p>Address <span style="border: 1px solid black; padding: 2px 50px;">208 S MAIN ST, STE 1</span> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><span style="border: 1px solid black; padding: 2px 50px;">MOULTON, IA 52572</span> <small>(City, town, state, zip)</small></p> <p>Email <span style="border: 1px solid black; padding: 2px 50px;">tammywheeler@fmcfiber.com</span> Fax (optional <span style="border: 1px solid black; padding: 2px 20px;">641-642-3966</span>)</p>
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<b>O</b>  <b>Certification</b>	<p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)</p> <ul style="list-style-type: none"> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (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 cable system in line 1 of space B.</p> <ul style="list-style-type: none"> <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. [18 U.S.C., Section 1001(1986)]</li> </ul> <p style="text-align: center;"> <b>X</b> /s/ Tammy S. Wheeler</p> <hr style="border: 0.5px solid black; margin: 5px 0;"/> <p style="text-align: center; font-size: small;">Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</p> <p>Typed or printed name: <span style="border: 1px solid black; padding: 2px 50px;">Tammy S. Wheeler</span></p> <p>Title: <span style="border: 1px solid black; padding: 2px 50px;">General Manager / CEO</span> <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: <span style="border: 1px solid black; padding: 2px 50px;">2/10/2026</span></p>
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**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:

SYSTEM ID#

FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA

63172

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. \$

P

Special Statement Concerning Gross Receipts Exclusion

Name
Mailing Address

Name
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

x

Line 2 Multiply line 1 by the interest rate\* and enter the sum here

x days

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

\$

(interest charge)

\* 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

Q

Interest Assessment

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.