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				
08/22/2018	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1						
Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Declarate Invested Invested Invested Indiana December 24					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
		Janoba Jana I ming I oned (optional cool monatorio)					
Accounting Period							
		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					
В		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.					
	633(
	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					
		La Harpe Video & Data Services Company					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		104 N. Center Street					
		(Number, street, rural route, apartment, or suite number)					
		La Harpe, IL 61450 (City, town, state, zip)					
	INOTE						
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	794					
	_	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2018/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	La Harpe Video & Data Services Company	63361
Area	Instructions: List each separate community served by the cable system. A "co" a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Served	,	
	CITY OR TOWN	STATE
First	La Harpe	L L
Community	Fountain Green	L
	Uninc. Carthage	IL
Add Rows as Necessary	Uninc. Blandinsville	IL
	Village of Terre Haute	IL .

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

La Harna Video & Data Sarvines Company

63361

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

La Harpe Video & Data Services Company

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	390	33.97	Expanded Basic	381	46.10	
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 F	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		 Burglar protection 			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		 Outlet relocation 			
		 Move to new address 			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 63361

La Harpe Video & Data Services Company

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
WHBF	4	N	ROCK ISLAND, IL
WHBF-DT2	4.2	I-M	ROCK ISLAND, IL
KWQC	6	N	DAVENPORT, IA
KWQC-DT2	6.2	I-M	DAVENPORT, IA
KHQA	7	N	HANNIBAL, MO
KHQA-DT2	7.2	N-M	HANNIBAL, MO
WQAD	8	N	MOLINE, IL
WQAD-DT2	8.2	I-M	MOLINE, IL
WQAD-DT3	8.3	I-M	MOLINE, IL
WGEM	10	N	QUINCY, IL
WGEM-DT2	10.2	N-M	QUINCY, IL
WGEM-DT3	10.3	N-M	QUINCY, IL
WGEM-DT4	10.4	I-M	QUINCY, IL
KLJB	18	N	DAVENPORT, IA
KGCW	26	N	DAVENPORT, IA
KGCW-DT2	26.2	I-M	DAVENPORT, IA
KGCW-DT3	26.3	I-M	DAVENPORT, IA
WMEC	21	E	MACOMB, IL
WQPT	23	E	MOLINE, IL
WTJR	32	I	QUINCY, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

La Harpe Video & Data Services Company

63361

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).

0411 0101:	I ANA	0.5	LOGATION OF STATISM	0411 01011	I ANA	0.75	LOGATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
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		1					
	ļ						
	 						
	l				l		l

Accounting Perio	nd: 2018/1						EOD	M SA1-2E DAGE 5
accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FUR	M SA1-2E. PAGE 5 SYSTEM ID#
Name	La Harpe Video & Data	Services	s Company					63361
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program	E: SPECIA ify every no ccounting p ning that mu F CONCEF riod, did you tion? ", leave the E PROGRA titute progra ice, please of every no distant sta gulations, of ies like "mo Bulls." m was broa	AL STATEME nnetwork televi eriod, under sp st be included i RNING SUBS ur cable syster e rest of this pa AMS am on a separadd additional onnetwork televition and that y or authorization ovies" or "bask dcast live, ente	ision program, broadcast by secific present and former Fin this log, see page (v) of the triple of this log, see page (v) of the triple of this log, see page (v) of the triple of this log, see page (v) of the get line. Use abbreviations rows to the tables. Vision program ("substitute our cable system substitutes. See page (v) of the get line in this log.	or a distant state CC rules, regular he general insurant state of the general insurant state of the general rule of the program") the ted for the program titles, for each titles, for each titles, for each control of the ground state of the program titles, for each titles, for each control of the ground state of the ground st	ulations, contractions network temperature to the compossible, if the compossible, if the compossible to the composite to the	relevision progression progres	stem carried on a ns. For a further SA1-2 form. gram X NO gram g is ting station ation.
	Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	adcast statinadian statination and day we "5/7." es when the Example: er "R" if the and regulation that	on's location (tons, if any, the when your system substitute program carrollisted program carrollisted program ions in effect d	the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for proguring the accounting peric	e station is lide station is ide program. Us r cable syster 1:15 p.m. to 6 ramming that id; enter the lar FCC rules	entified). se numer. m. List the :28:30 p. your sys etter "P" i	als, with the retimes accur m. should be tem was <i>requ</i> f the listed pr lations in	month rately uired
	9	IRSTITI IT	E PROGRAM	İ		N SUBS		7. REASON FOR
	TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES — TO	DELETION

Accounting Period:	2018/1		FORM SA	1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: La Harpe Video & Data Services Company		SY	STEM ID# 63361				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	s secondary transm w to compute this a	ission service amount, see	2,725.11 ss receipts)				
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 \$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.							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th accounting period is \$52.00	at you must pay for	this six-mon					
	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 ar	nd 2	. \$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but							
	Base amount under statutory formula	263,800.00	,					
	2. Enter amount of gross receipts from space K		•					
			•					
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out less than \$527	,600)					
	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							
	4. Multiply line 3 by .01	· · · ·						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	6						
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	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				
	Important: Your remittance must be in the form of an electronic payment p. See page i of the general instructions in the paper SA1-2 form			its!				

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF La Harpe Video & Data		y		SYSTEM ID# 63361
M Channels	_			s on which the cable system carried television broadcast stations per of activated channels during the accounting period.	
	Enter the total number of system carried television			e	19
	Enter the total number on which the cable system and nonbroadcast service	m carried television b		st stations	240
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Mark	Irish		Telephone 2	17-659-7721
	(Number,	Sox 462 street, rural route, apartm	ent, or sui	ite number)	
	La Ha (City, tow	rpe, IL 61450 n, state, zip)			
	Email	mark@laharpete	elephone	e.com Fax (optional) 217-659-7727	
	CERTIFICATION (This stat	ement of account mu	st be cer	rtified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby	certify that (Check or	ne,but on	nly one, of the boxes.)	
	(Owner other th	nan corporation or pa	ırtnershi	ip) I am the owner of the cable system as identified in line 1 of space B;	or
				partnership) I am the duly authorized agent of the owner of the cable systot a corporation or partnership; or	stem as identified
	X (Officer or part in line 1 of s		a corpor	ration) or a partner (if a partnership) of the legal entity identified as owner	er of the cable system
		rect to the best of my		eclare under penalty of law that all statements of fact contained herein ge, information, and belief, and are made in good faith.	
			X	/s/ Mark Irish	
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Mark D. Irish	
			Presic	dent on held in corporation or partnership)	
		Date:		8/22/2018	

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ccounting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Harpe Video & Data Services Company	63361
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shat scribers and amounts collected from subscribers receiving secondary transmissions pursuant to the providing secondary transmission providing secondary transmissions pursuant to the providing secondary transmission providing secondary transmissions pursuant to the providing secondary transmission providing secondary transmissions pursuant to the providing secondary transmission prov	n for the basic all not include sub- o section 119." Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
NITTO-07 4 00-001-11-	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions located in the page	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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
1. 4 M W 1 V 0 0 0 00074th	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 \$	_
	nterest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	assistance please
** 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 Copyr list below the owner, address, first community served, ID number, and accounting period as given in the	
Owner	
Address	
ID number	
First community served Accounting period	

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