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

Contact the U.S. Copyri	STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workboo by email to:
General instructions are located 7/12/2018		DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
	General instructions are located	7/12/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	DUNTING 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.	2
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.	853
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 9 (Number, street, rural route, apartment, or suite number)	
		SPRINGVILLE, IA 52336 (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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

.

Name		SYSTEM ID#
	SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated con	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	SPRINGVILLE	IA
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1-	TEM IC
Name								515	85
	SPRINGVILLE CO-OPER	RATIVE TEL	EPHO	NE ASSOC		INC			00
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND R	ATES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						iose existii	ig on the	
Service: Sub-	Number of Subscribers: Both	•		,	,	,	le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular service							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.	(Example: "\$2	20/mth").	Summarize a					
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	a subscriber in	each appl	licable category.	Example: a	a residential	
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fre	om those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.				T		D I O O I I	-	
	BLC	DCK 1 NO. OF					BLOCK	2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		36	27.00		IDED BASIC		362	77.0
	 Service to additional set(s) 					OP BOXES		493	5.0
	• FM radio (if separate rate)				PVR SE	ET TOP BOX	ES	193	7.0
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS' RATE	s				
-	In General: Space F calls for rat					ll your cable syst	em's servio	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							wara not	
Rales	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	sidential				
	• Pay cable	17.00	• Mot	el, hotel					
	 Pay cable—add'l channel 	15.00	• Con	nmercial					
	Fire protection		• Pay	cable					
	Dunalan masta atian		• Pay	cable-add'l cl	hannel				
	 Burglar protection 		• Fire						
	•Burgiar protection		1.110	protection					
		50.00	• Bur	glar protection	ı				
	Installation: Residential • First set • Additional set(s)	50.00 50.00	• Burg Other s	glar protection	1				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other s • Rec	glar protection ervices: connect	1	15.00			
	Installation: Residential • First set • Additional set(s)		• Burg Other s • Rec • Disc	glar protection cervices: connect connect	I	15.00 -			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other s • Rec • Disc • Out	glar protection ervices: connect		15.00 - 50.00 50.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
	SPRINGVILLE CO-OP	PERATIVE TELEPHONE ASSOC	CIATION INC	
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6' s explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations:	(1) stations carried only on a part-t te carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul	ime basis under ams [sections tions carried on a bstitute program
	Do not list the station here station was carried only on List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel	e in space G—but do list it in space I (th a substitute basis. 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	both on a substitute basis and also see page (v) of the general instruct orogram services such as HBO, ESF e-air designation. For example, repo	o on some other ions. PN, etc. Identify each ort multistream
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	(RC is channel 4 in Washington, D.C. in case whether the station is a network stering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of th	for network multicast), "I" (for indep or "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station	endent), "I-M" onal multicast). is licensed by the i is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGAN	2	Ν	CEDAR RAPIDS, IA
	KGAN-M	2.2	N-M	CEDAR RAPIDS, IA
Rows as Necessary	KGAN-M	2.3	N-M	CEDAR RAPIDS, IA
	KWWL	7	N	CEDAR RAPIDS, IA
			N 84	
	KWWL-M	7.2	N-M	CEDAR RAPIDS, IA
	KWWL-M KWWL-M	7.2	N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWWL-M	7.3	N-M	CEDAR RAPIDS, IA
	KWWL-M KCRG	7.3 9	N-M N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWWL-M KCRG KCRG-M	7.3 9 9.2	N-M N N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWWL-M KCRG KCRG-M KCRG-M	7.3 9 9.2 9.3	N-M N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN	7.3 9 9.2 9.3 12	N-M N N-M I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN KIIN-M	7.3 9 9.2 9.3 12 12.2	N-M N N-M I I-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN KIIN-M	7.3 9 9.2 9.3 12 12.2 12.3	N-M N N-M I I I-M I-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN KIIN-M KIIN-M KIIN-M	7.3 9 9.2 9.3 12 12.2 12.3 12.4	N-M N N-M I I-M I-M I-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN KIIN-M KIIN-M KIIN-M KIIN-M	7.3 9 9.2 9.3 12 12.2 12.3 12.4 28	N-M N N-M I I I-M I-M I-M N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN KIIN-M KIIN-M KIIN-M KIIN-M KFXA KFXA-M	7.3 9 9.2 9.3 12 12.2 12.3 12.4 28 28.2	N-M N N-M I I I-M I-M I-M N N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN KIIN-M KIIN-M KIIN-M KIIN-M KFXA KFXA-M KFXA-M	7.3 9 9.2 9.3 12 12.2 12.3 12.4 28 28.2 28.3	N-M N N-M I I I-M I-M I-M N N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN KIIN-M KIIN-M KIIN-M KFXA KFXA-M KFXA-M KFXA-M	7.3 9 9.2 9.3 12 12.2 12.3 12.4 28 28.2 28.3 28.4 14	N-M N N-M N-M I I I-M I-M I-M N N N N N N N N-M N-M N-M I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN KIIN-M KIIN-M KIIN-M KFXA KFXA-M KFXA-M KFXA-M KFXA-M KFXA-M KFXA-M	7.3 9 9.2 9.3 12 12.2 12.3 12.4 28 28.2 28.3 28.4 14 14.2	N-M N N-M N-M I I I-M I-M I-M N N-M N-M N-M I I I I I I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN KIIN-M KIIN-M KIIN-M KIIN-M KFXA KFXA-M KFXA-M KFXA-M KFXA-M KFXA-M KPXR KPXR-M	7.3 9 9.2 9.3 12 12.2 12.3 12.4 28 28.2 28.3 28.4 14 14.3	N-M N N-M N-M I I I-M I-M I-M N N N N N N N N-M N-M N-M I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN KIIN-M KIIN-M KIIN-M KFXA KFXA-M KFXA-M KFXA-M KFXA-M KFXA-M KFXA-M KFXA-M KFXR KPXR KPXR KPXR-M KFXB	7.3 9 9.2 9.3 12 12.2 12.3 12.4 28 28.2 28.3 28.4 14 14.3 40	N-M N N-M N-M I I I-M I-M I-M N N-M N-M N-M I I I I I I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KWWL-M KCRG KCRG-M KCRG-M KIIN KIIN-M KIIN-M KIIN-M KIIN-M KFXA KFXA-M KFXA-M KFXA-M KFXA-M KFXA-M KPXR KPXR-M	7.3 9 9.2 9.3 12 12.2 12.3 12.4 28 28.2 28.3 28.4 14 14.3	N-M N N-M N-M I I I-M I-M I-M N N-M N-M N-M I I I I I I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA

Accounting I							FORM	A SA1-2E. PAGE 4
LEGAL NAME O								
SPRINGVILI	LE CO-OPE	RAIIV	E TELEPHONE ASSOC	IATION INC				85
	st every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
	-	-				-		Duimanna
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo) it is carried by monitoring, to ormation about orm.	y the sys be receint the Co	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on t	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, tated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: I signal, indicate Column 4: C	State whether f the radio stat this by placing Give the station	the static tion's sig g a check n's locati	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
		-		1		C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KHAK	FM		CEDAR RAPIDS, IA					
	+							
	+							
	+							
	+							
	+							
	+	+						
	+							
	+	+						
	+							
	+	+						
	+						 	

Accounting Perio	od: 2018/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	SPRINGVILLE CO-OPE	RATIVE	TELEPHONE	ASSOCIATION INC			853
	SUBSTITUTE CARRIAGE				2		
I I	In General: In space I, identi					ion that your cable syste	m carried on a
•	substitute basis during the ad						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in the paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting peri 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television program	
Program Log	broadcast by a distant stat	tion?				YES	× NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the program	m
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more space				wherever pos	sible, if their meaning is	3
				sion program ("substitute p	program") tha	t, during the accounting	1
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substituted	d for the prog	ramming of another sta	tion
	under certain FCC rules, reg Do not use general categori						n.
	"NBA Basketball: 76ers vs.		VIES UI DASKE	toali. List specific program		ample, I Love Lucy of	
				"Yes." Otherwise enter "N			
				sting the substitute progra e community to which the		nsed by the ECC or in	
	the case of Mexican or Can						
			when your sys	tem carried the substitute p	orogram. Use	numerals, with the mor	nth
	first. Example: for May 7 giv		substituto nro	gram was carried by your o	ahla system	List the times accurate	dv.
	to the nearest five minutes.						iy
	stated as "6:00-6:30 p.m."						
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						am
	effect on October 19, 1976.		-			-	
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	l		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						<u> </u>	
						_	
							"
						_	
							"
							"
						_	
						_]

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC			S	YSTEM ID# 853
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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	system's s	secondary trans to compute this	mission servic s amount, see	5,263.67
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 t Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	han \$527,600	\$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 accounting period is \$52.00 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 PERIOD Add line	es 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	195,263.67		
	3. Subtract line 2 from line 1	\$	68,536.33		
	Enter the amount of gross receipts from space K			95,263.67	
	5. Enter the amount from line 3			68,536.33	
	6. Subtract line 5 from line 4			26.727.34	
	7. Multiply line 6 by .005 (enter figure here)				633.64
	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 a				633.64
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but	less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	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	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)		\$	633.64	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	653.64
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		jhts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC	SYSTEM ID# 853
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	24 196
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 JEAN SCHILLING Telephone 319	9-854-6107
	Address 207 BROADWAY, P.O. BOX 9 (Number, street, rural route, apartment, or suite number) SPRINGVILLE, IA 52336 (City, town, state, zip)	
	Email Springvl@netins.net Fax (optional) 319-854-9010	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 in line 1 of space B. 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)] CERTIFICATION (This statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Dean Schilling Title: Executive Office Manager (Title of official position heid in corporation or partnership)	
	Date: July 12, 2018	

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

unting Period: 2018/1		FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
RINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC		853
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copy lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the con- service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts	yright Act by adding the fol- cable system for the basic system shall not include sub- s pursuant to section 119." general instructions	P Special Statement Concerning Gross Receipts Exclusion
 made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below \$ 		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a lat For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2. Multiply line 1 by the interact rotat and enter the sum here	-	
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		
	·	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
 Line 3 Multiply line 2 by the number of days late and enter the sum here 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 	x 0.00274 (interest charge) For further assistance please	
 Line 3 Multiply line 2 by the number of days late and enter the sum here 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 <i>www.copyright.gov/licensing/interest-rate.pdf.</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. 	x 0.00274 x 0.00274 (interest charge) For further assistance please late. b the Copyright Office, please	
 Line 3 Multiply line 2 by the number of days late and enter the sum here 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 <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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 NOTE: If you are filing this worksheet covering a statement of account already submitted to 	x 0.00274 x 0.00274 (interest charge) For further assistance please late. to the Copyright Office, please	
 Line 3 Multiply line 2 by the number of days late and enter the sum here 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 <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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 NOTE: If you are filing this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period accounting peri	x 0.00274 x 0.00274 (interest charge) For further assistance please late. to the Copyright Office, please	
Line 3 Multiply line 2 by the number of days late and enter the sum here 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 <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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 NOTE: If you are filing this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period account Owner Address	x 0.00274 x 0.00274 (interest charge) For further assistance please late. to the Copyright Office, please	
Line 3 Multiply line 2 by the number of days late and enter the sum here 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 <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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 NOTE: If you are filing this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period account Owner Address ID number	x 0.00274 x 0.00274 (interest charge) For further assistance please late. to the Copyright Office, please	
Line 3 Multiply line 2 by the number of days late and enter the sum here 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 <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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 NOTE: If you are filing this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period account Owner Address	x 0.00274 x 0.00274 (interest charge) For further assistance please late. to the Copyright Office, please	

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 th 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.