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

STATEME	ΞΝΤ	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
Cable Syste General instruct in the first tab	ctions	are located	02/01/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED E			
Accounting Period		2010/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31 I - see instructions)	
B Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. the owner conducts the business of t accounting period, only the owner on e payment covering the entire accoun	the last day of the accounting period should s ting period.	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		MidlandsNet LLC BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF O			
		(Number, street, rural route, apartment, or suite nu Remsen, IA 51050 (City, town, state, zip)	ince)		
С				ntify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM: MidlandsNet LLC dba WesT	el Systems		
	2	MAILING ADDRESS OF CABLE SYSTEM:			
		(Number, street, rural route, apartment, or suite nu (City, town, state, zip code)	imber)		
	-	•			

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Nume	MidlandsNet LLC	61433				
D	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 separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the					
Area Served	identified city.	r mobile nome parks should be reported in parentheses below the				
	CITY OR TOWN	STATE				
First	Anita	IA				
Community						
Rows as Necessary						

								FORM SA1	-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MidlandsNet LLC								614					
									-					
Е	SECONDARY TRANSMISSION													
E	In General: The information in s	-		-		•								
Secondary	system, that is, the retransmission about other services (including particular services)													
Transmission	, . .													
Service: Sub-		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												
scribers and	down by categories of secondar	•		•		•								
Rates	3 , 1 , 3	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 of							ge and the						
	unit in which it is generally billed	· ·	,		ny standa	rd rate variatior	ns within a	particular rate						
	category, but do not include disc				rice of cos	ondon tronomi		as that ashla						
	Block 1: In the left-hand block systems most commonly provide	•		-		•								
	that applies to your system. Not													
	categories, that person or entity				• •		•							
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the						
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those						
	printed in block 1 (for example, t	-		•										
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	vo- or thre	e-word descript	tion of the s	service is						
-	sufficient.				1			()						
	BLC	OCK 1 NO. OF					BLOCK	NO. OF						
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA					
	Residential:				_									
	Service to first set		250	24.50	Retrans	smission Fe	e		16					
	Service to additional set(s)													
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial													
	Converter Residential													
	Non-residential													
	• Non-residential													
	SERVICES OTHER THAN SEC	ONDARY TRA			s									
-	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were						
F	not covered in space E, that is, t													
0	service for a single fee. There a	•	2		0		0.	,						
Services Other Than	furnished at cost or (2) services amount of the charge and the ur													
Secondary	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.													
ransmissions:		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 constant obstraction and a constant obstraction of a												
ransmissions: Rates	Block 2: List any services that			nished or offer	ed during	•	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: List any services that listed in block 1 and for which a	separate charg		nished or offer nade or establ	ed during	•	vices in the							
	Block 2: List any services that listed in block 1 and for which a	separate charge	de the ra	nished or offer nade or establ	ed during	•	vices in the							
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charge ption and inclue BLO	de the ra	nished or offer nade or establ ate for each.	ed during shed. List	these other ser		BLOCK 2	RA.					
	Block 2: List any services that listed in block 1 and for which a	separate charge	de the ra CK 1 CATEG	nished or offer nade or establ	ed during shed. List VICE	•			RA					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa	nished or offer nade or establ ate for each. GORY OF SER	ed during shed. List VICE	these other ser		BLOCK 2	RA					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot	nished or offer nade or establ ate for each. GORY OF SER ation: Non-res	ed during shed. List VICE	these other ser		BLOCK 2	RA					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor	nished or offer nade or establ ate for each. CORY OF SER ition: Non-res el, hotel	ed during shed. List VICE	these other ser		BLOCK 2	RA					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay	nished or offer nade or establ ate for each. GORY OF SER tion: Non-res el, hotel nmercial	ed during shed. List VICE idential	these other ser		BLOCK 2	RA					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay	nished or offer nade or establ ate for each. GORY OF SER tion: Non-res el, hotel nmercial r cable	ed during shed. List VICE idential	these other ser		BLOCK 2	RA					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	separate charge ption and inclue BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	nished or offer nade or establ ate for each. GORY OF SER titon: Non-res el, hotel nmercial r cable r cable-add'l ch	ed during shed. List VICE idential	these other ser		BLOCK 2	RA					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate chargotion and inclue BLOO RATE	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	nished or offer nade or establ ate for each. GORY OF SER ition: Non-res el, hotel nmercial cable cable-add'l ch protection	ed during shed. List VICE idential	these other ser		BLOCK 2	RA					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate chargotion and inclue BLOO RATE	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bun Other s	nished or offer nade or establ ate for each. GORY OF SER ition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	ed during shed. List VICE idential	these other ser		BLOCK 2	RA					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate chargotion and inclue BLOO RATE	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Rec	ished or offer nade or establ ate for each. CORY OF SER ition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	ed during shed. List VICE idential	RATE		BLOCK 2	RA					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate chargotion and inclue BLOO RATE	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Cos • Diss	A source of the second	ed during shed. List VICE idential	RATE		BLOCK 2	RA					

	LEGAL NAME OF OWNER OF	CADIE OVOTEM.		SYSTEM					
lame	MidlandsNet LLC	CABLE STSTEWI.		614					
	PRIMARY TRANSMITTERS: TELEVISION								
G smitters: evision	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 • Do <i>not</i> list the station here station was carried <i>only</i> 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 of license. For example, W Column 3 : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4 : Give the location	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. 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 <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. • 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. <i>Do 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. 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 with which the station is l							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KMTV-S	3.1	Ν	OMAHA, NE					
	KMTV-2	3.2	N-M	OMAHA, NE					
Rows as Necessary									
s as Necessary	KMTV-3	3.3	N-M	OMAHA, NE					
s as Necessary	KMTV-3 WOWT-S	3.3 6.1	N-M N	OMAHA, NE OMAHA, NE					
rs as Necessary	-								
is as Necessary	WOWT-S	6.1	N	OMAHA, NE					
s as Necessary	WOWT-S WOWT-2	6.1 6.2	N N-M	OMAHA, NE OMAHA, NE					
s as Necessary	WOWT-S WOWT-2 WOWT-3	6.1 6.2 6.3	N N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S	6.1 6.2 6.3 7.1	N N-M N-M N	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2	6.1 6.2 6.3 7.1 7.2	N N-M N-M N N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S	6.1 6.2 6.3 7.1 7.2 8.1	N N-M N-M N-M N-M N	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2	6.1 6.2 6.3 7.1 7.2 8.1 8.2	N N-M N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3	6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3	N N-M N-M N-M N N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S	6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1	N N-M N-M N-M N-M N-M N-M E	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-2	6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2	N N-M N-M N-M N-M N-M N-M E E	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-2 KDIN-3	6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3	N N-M N-M N-M N-M N-M E E-M E-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-2 KDIN-3 KDIN-4	6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4	N N-M N-M N-M N-M N-M E E-M E-M E-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-2 KDIN-3 KDIN-4 KXVO-S	6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4 15.1	N N-M N-M N-M N-M N-M E E-M E-M E-M E-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-2 KDIN-3 KDIN-4 KXVO-S KXVO-2	6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4 15.1 15.2	N N-M N-M N-M N-M N-M E E-M E-M E-M E-M N N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-3 KDIN-3 KDIN-4 KXVO-S KXVO-2 KXVO-3	6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4 15.1 15.2 15.3	N N-M N-M N-M N-M N-M E E E-M E-M E-M E-M N N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-2 KDIN-3 KDIN-4 KXVO-S KXVO-2 KXVO-2 KXVO-3 KSVO-4	6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4 15.1 15.2 15.3 15.4	N N-M N-M N-M N-M N-M E E-M E-M E-M E-M N N-M N-M	OMAHA, NE DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					
s as Necessary	WOWT-S WOWT-2 WOWT-3 KETV-3 KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-2 KDIN-3 KDIN-4 KXVO-S KXVO-2 KXVO-3 KSVO-4 KDSM-S	6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4 15.1 15.2 15.3 15.4 17.1	N N-M N-M N-M N-M N-M E E-M E-M E-M E-M N N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA OMAHA, NE					

Accounting Period:	2018/2			FORM SA1-2E. PAGE 3.				
Neme	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	MidlandsNet LLC			61433				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> 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 channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the locatio	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.1 s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (i a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th he form. al number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lu- ed both on a substitute basis and also is, see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a ful (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. it the community to which the station is the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

MidlandsNe	F OWNER OF (t LLC	JABLE 3	ISTEM.					SYSTEM 614
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abourn. dentify the call tate whether t the radio stati this by placing sive the station	/ the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral ii parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MidlandsNet LLC							61433
	SUBSTITUTE CARRIAG				G			
1		-	-			4		·
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Substitute Carriage:					ne general in			
Special		1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE						
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	e rest of this na	ige blank. If your answer is	s "Yes " vouu	must complet	te the proc	
	log in block 2.	, iouvo uio		go blank. If your another k	, you !			Jam
	2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible. if the	ir meaning	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I L	ove Lucy"	or
			dcast live ent	er "Yes." Otherwise enter	'No "			
				asting the substitute progr				
				the community to which th		censed by th	e FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:01	:15 p.m. to e	5:28:30 p.m. s	snoula be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour svstem	n was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program							5
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5		E PROGRAM			AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	TO	
						_		
						_		
					·			
						-		
						_		
						_		
						_		
					·			

Accounting Period:	2018/2 FORM SA1-2E. PAGE (
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:							
	MidlandsNet LLC 6143							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c 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, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts form subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.							
	COPYRIGHT ROYALTY FEE							
L 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.							
	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 this six-month 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							
·	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 \$137,100)							
	1. Base amount under statutory formula							
	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							
	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)							
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula \$ 263,800.00							
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01							
	5. 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							
	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 Due	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. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00							
	EFT Trace # or TRANSACTION ID # 26F4S278							
	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 more information.							

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C MidlandsNet LI	WNER OF CABLE SYSTEM: LC				SYSTEM ID# 61433
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	nu must give (1) the number of , and (2) the cable system's number of channels on whic television broadcast stations number of activated channel able system carried television	total numbe h the cable 	er of activated channels durir		31
	and nonbroadca	ast services				39
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou		MATION IS NEEDED (Ident	ify an individual to whom	
for Further Information	Name	Robert Gannon			Telephone	712-786-1181
	Address	PO Box 330 (Number, street, rural route, apart	tment, or suite	number)		
		Remsen, IA 51050 (City, town, state, zip)				
	Email	bgannon@wes	stelsystems	s.com	Fax (optional) 712-786-240	00
O Certification	I, the undersigne (Owne (Agent	ed, hereby certify that (Check r other than corporation or	one, <i>but only</i> partnership; ration or par	<i>v one</i> , of the boxes.) •) I am the owner of the cable rtnership) I am the duly auth	ce with Copyright Office regulations) system as identified in line 1 of space orized agent of the owner of the cable or	
	in I I have examined	ine 1 of space B. I the statement of account and e, and correct to the best of m	l hereby dec	lare under penalty of law that	ship) of the legal entity identified as ou t all statements of fact contained herei are made in good faith.	
			Enter an el	/s/ Robert Gannon lectronic signature on the line : ature using an "/s/ signature" (above to certify this statement. e.g., /s/ John Smith)	
		Typed or printe	d name:	Robert Gannon		
		Title: (Title of c	CEO official position	held in corporation or partnership)	
		Date:			2/1/19	

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

counting Period: 2018/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
dlandsNet LLC	6143
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 Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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)	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
* 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.	
 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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 	
 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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. 	
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