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

500 000 (DIOLIT 05	TEIGE LISE ONLY
FOR COPYRIGHT OF	-FICE USE UNLY
DATE RECEIVED	AMOUNT
02/18/2019	\$ 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

Α	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.								
Owner		List any other name or names under which the owner conducts the business of the cable system.								
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.									
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		Cascade Communications Company								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		PO Box 250 (Number, street, rural route, apartment, or suite number)								
		Cascade, IA 52033 (City, town, state, zip)								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:								
		INIAILING ADDRESS OF CABLE STSTEM:								
	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.

	LEGAL NAME OF OWNER OF GARLE OVETEN	FORM SA1-2E. PAGE SYSTEM II
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Cascade Communications Company	621
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter kno lings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Cascade	IA
Community		
d Rows as Necessary		
•		

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cascade Communications Company

SYSTEM ID# 62173

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2							
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:	SUBSURIBERS	KAIL	CATEGORT OF SERVICE	SUBSCRIBERS	RAIL				
Service to first set	372	81.95							
 Service to additional set(s) 									
 FM radio (if separate rate) 									
Motel, hotel									
Commercial	13	81.95							
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel		Premium Channels	14.
 Pay cable—add'l channel 		Commercial	45.99	Premium Channels	19.
 Fire protection 		Pay cable		Reconnect Non-Pay	20.
 Burglar protection 		 Pay cable-add'l channel 		Additional DVR	9.
Installation: Residential		Fire protection		Additional Std STB	5.
First set	45.99	Burglar protection		CCtv+	12.
 Additional set(s) 		Other services:		Hourly Labor Rate	55.
 FM radio (if separate rate) 		Reconnect	15.00	NFL Redzone	49.
Converter		Disconnect			
		 Outlet relocation 			
		 Move to new address 			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62173

Cascade Communications Company

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGAN	29	N	Cedar Rapids, IA
KGAN2 (GetTV)	29.2	I-M	Cedar Rapids, IA
KGAN (CometTV)	29.3	I-M	Cedar Rapids, IA
KWWL	7	N	Cedar Rapids, IA
KWWL2 (CW)	7.2	I-M	Cedar Rapids, IA
KWWL3 (MeTV)	7.3	I-M	Cedar Rapids, IA
KCRG	9	N	Cedar Rapids, IA
KCRG2 (MyNetworkT)	9.2	I-M	Cedar Rapids, IA
KCRG3 (AntennaTV)	9.3	I-M	Cedar Rapids, IA
KWKB (ThisTV)	25	<u> </u>	lowa City, IA
KFXA	27	N	Cedar Rapids, IA
KFXA2 (Charge)	27.2	I-M	Cedar Rapids, IA
KFXA3 (TBD)	27.3	I-M	Cedar Rapids, IA
KFXA4 (Stadium)	27.4	I-M	Cedar Rapids, IA
KDIN	11	E	Des Moines, IA
KDIN2 (KIDS)	11.2	E	Des Moines, IA
KDIN3(World)	11.3	E	Des Moines, IA
KDIN4 (ChargeTV)	11.4	E	Des Moines, IA
KPXR	22	1	Cedar Rapids, IA
KFXB	14	l	Dubuque, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cascade Communications Company

62173

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
			 				
	L						
			 				
	L						
							
	 		 		<u> </u>	 	

Accounting Perio	d: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	Cascade Communicati	ions Com	pany					62173
ı	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regu	lations, or au	thorizations.	For a further
Substitute	explanation of the programm				ne general instr	ructions in the	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	During the accounting period	-	r cable system	carry, on a substitute ba	sis, any nonne	twork televis	ion progran	
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust complete	the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can the case of Mexican or Can Golumn 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the ind regulatio	m on a separa add additional ranetwork televion and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owhen your system substitute proprogram carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting period	e program") that ed for the program titles, for ex "No." am. e station is lice a program. Use a cable system 15 p.m. to 6:2 ramming that y d; enter the left	ensed by the ntiffied). List the time 28:30 p.m. shows the "P" if the	accounting another star r information ve Lucy" or FCC or, in with the more es accurate hould be was require listed progr	tion n. nth ly
	check on October 15, 1576.				TT			T
		LIDOTITLIT	E DDOCDAN	4		EN SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	1	5. MONTH	IAGE OCCU	IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
							_ 	
							_	
							_	
						-	_	
						-		
						-		
						-	_	
							_	

	2018/2				A1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cascade Communications Company			S	YSTEM ID 6217							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines all amounts (gross receipts) paid to your cable system by su (as identified in space E) during the accounting period. For page (vii) of the general instructions located in the paper SA Gross receipts from subscribers for secondary transmis during the accounting period. IMPORTANT: You must complete a statement in space P of the statement in space	ubscribers for the system a further explanation of 11-2 form. ssion service(s)	n's secondary tran how to compute th	smission servicis amount, see	1,204.63							
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 \$1 Use block 2 if the amount of gross receipts in space K is mo Use block 3 if the amount of gross receipts in space K is mo See page (vi) of the general instructions located in the paper SA:	ore than \$137,100 but le ore than \$263,800 but le	ss than \$527,600	\$263,800								
	BLOCK 1: GROSS REG	CEIPTS OF \$137,100 (OR LESS									
	Instructions: As a cable system with gross receipts of \$137,100 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	G PERIOD Add lines 1 a	nd 2	·· <u></u>								
	BLOCK 2: GROSS RECEIPTS OF \$	263,800 OR LESS (bu	it more than \$137	,100)								
	Base amount under statutory formula	\$	263,800.00	_								
	2. Enter amount of gross receipts from space K		161,204.63	_								
	3. Subtract line 2 from line 1	_\$	102,595.37	_								
	4. Enter the amount of gross receipts from space K			161,204.63								
	5. Enter the amount from line 3		\$	102,595.37								
	6. Subtract line 5 from line 4		\$	58,609.26								
	7. Multiply line 6 by .005 (enter figure here)			\$	293.05							
	8. Interest charge. Enter the amount from line 4, space Q, pag	e 8			0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8											
	BLOCK 3: GROSS RECEIPTS OF MO	ORE THAN \$263,800 (but less than \$52	7,600)								
	Enter the amount of gross receipts from space K											
	Base amount under statutory formula			_								
	Subtract line 2 from line 1			_								
	4. Multiply line 3 by .01			_								
	Royalty due on the first \$263,800 of gross receipts (under st.)		- ·	1,319 00								
	6. Interest charge. Enter the amount from line 4, space Q, pag											
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PE	. Aud iiries 4, 5, and	υ O	·								
	FILING FEE AND TOTAL R	EMITTANCE DUE										
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2,	or 3, above)	\$	293.05								
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		\$	313.05							
	Important: Your remittance must be in the form of a See page i of the general instructions				hts!							

Accounting Period:	2018/2																											F	ORM	SA1-	2E.	PAC	€ 7
Name	LEGAL NAME OF OWNER OF Cascade Communicatio																													SY	-		ID# 173
M Channels	CHANNELS Instructions: You must giv to its subscribers, and (2) th 1. Enter the total number of system carried television the cable system and nonbroadcast service.	channels on which to channels stations activated channels acried television br	tal number the cable	ole	er of	of	activ	vate	ed o	chai	nnels	dur	ing t	the a		oun	ntin	g p	erio	d.		ons						28 318]
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this st			ORM	RMA	MA ⁻	TION	N IS	5 N	EEI	DED	(Ider	ntify	an i	ndiv	/idu	ual	to	who	om													
for Further Information	Name David (Gibson																		Т	eleph	none	56	3-8	52-	371	10						
	(Number, st	ylor St SE, PO E					nber)																										
	Email	dave@cascadeco	comm.co	com	m	1										Fa	ax (opt	iona	al)													
O Certification	(Agent of owner of in line 1 of spa	ertify that (Check one in corporation or part other than corporation or each of the than corporation on the corporation of the	e, but only rtnership fon or pai yner is not a corpora ereby dec nowledge Enter an e Enter sign	partner on a contraction of a contractio	/ one I) I ar I a co It a co I s/ I s	ners I am ners I co Dn) (/s/	, of the ship or a conic e usir	parrer per per tition	box wne am on o the ena i, ar	r of the r part of the r (if lty cond b	duly rtner a part of law elief,	able authors that and liar	system or ize or	ed ag	as id	den dega	of the	ed i owentit	n lin	of the entificial	of spa	ace B	/sten					m					
		Date:															0	2/18	8/20)19													

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ounting Period: 2018/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
scade Communications Company	62173
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
TES. Effet the total fiele and list the sateline carrier(s) below	
Name Mailing Address Mailing Address	
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	Interest Assessment
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 www.copyright.gov/licensing/interest-rate.pdf . For further assistance please 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 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	

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