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 DECEIVED AMOUNT	FOR COPYRIGHT OFFICE USE ONLY									
DATE RECEIVED AWOUNT	DATE RECEIVED	AMOUNT								
\$ allocation number	01/02/2019									

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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20182 Barcode Data Filing Period (optional - see instructions)
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
		ALPINE CABLE TELEVISION LC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 1008
		(Number, street, rural route, apartment, or suite number) ELKADER, IA 52043 ((City, town, state, zip)
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names	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	(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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	ALPINE CABLE TELEVISION LC	632
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings	l communities within unincorporated areas and including single u list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	le home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	ELKADER	IA IA
Community		
I Rows as Necessary		
i nows as inecessary		

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63226

ALPINE CABLE TELEVISION LC

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.

BLO	OCK 1	BLOCK 2							
	NO. OF			NO. OF					
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE				
Residential:									
Service to first set	84	39.95	ESSENTIALS PACKAGE	161	55.00				
 Service to additional set(s) 			PREMIER PACKAGE	87	65.00				
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	RATE	
Continuing Services:		Installation: Non-residential				
 Pay cable 		Motel, hotel		CINEMAX	16.00	
 Pay cable—add'l channel 		Commercial		НВО	18.00	
 Fire protection 		Pay cable		SHOWTIME	17.00	
 Burglar protection 		Pay cable-add'l channel		STARZ	15.00	
Installation: Residential		Fire protection				
First set	124.95	Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect	29.00			
 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# 63226

4. LOCATION OF STATION

ALPINE CABLE TELEVISION LC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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 pager 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.

2. B'CAST CHANNEL NUMBER

Add Rows as Necessary

KCRG	9	N	CEDAR RAPIDS, IA
KFXA	27	I	CEDAR RAPIDS, IA
KGAN	51	N	CEDAR RAPIDS, IA
KPXR	47	I	CEDAR RAPIDS, IA
KRIN	35	Е	WATERLOO, IA
KWKB	25	I	IOWA CITY, IA
KWWF	22	I	WATERLOO, IA
KWWL	7	N	WATERLOO, IA
	•		

3. TYPE OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ALPINE CABLE TELEVISION LC

63226

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
							
		 					
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Accounting Perio		04815.000	TC14				FOR	M SA1-2E. PAGE 5.						
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#						
	ALPINE CABLE TELE	VISION LO	<u> </u>					63226						
	SUBSTITUTE CARRIAG	F: SPECIA	AL STATEME	NT AND PROGRAM I	ng.									
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or a	uthorizations.	For a further						
Carriage:	1. SPECIAL STATEMEN													
Special	During the accounting per				sis anv nonne	twork televi	sion progran	n						
Statement and	broadcast by a distant sta	-		ourry, or a cascatate sa	o.o, a.r.yo									
Program Log	,	L	YES											
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complet	e the prograr	n						
	log in block 2.													
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 given Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ce, please a of every no distant stati gulations, o ies like "mo Bulls." In was broad sign of the sadcast static atth and day /e "5/7." es when the Example: a er "R" if the and regulation in that y	am on a separa add additional renetwork televition and that your authorizations vies" or "basked deast live, enterstation broadca on's location (thous, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "asting the substitute programe 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 perio	e program") that ed for the program titles, for ex No." am. e station is lice to station is idea to program. Use to cable system to 6:2 tramming that y d; enter the leterogram to the station is the program.	at, during the gramming of the	e accounting f another stater information ove Lucy" or e FCC or, in with the mornes accurate should be was require e listed progr	tion n. nth						
	effect on October 19, 1976.													
		ITUTE												
	S	UBSTITUT	TE PROGRAM	1		IAGE OCC	7. REASON FOR							
	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	<u>— то</u>							
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	LEGAL	L NAME OF OW	/NER OF CAB	LE SYSTE	M:								SYS	TEM II
Name		INE CABL												6322
K Gross Receipts	Instruall and (as ic page	OSS RECEI ructions: The mounts (grost dentified in second (vii) of the of Gross receip	ne figure yo ss receipts space E) du general ins ots from su) paid to uring the tructions bscribers	your cab account located s for sec	ble system ting period. I in the pape condary trar	by subsc For a fur er SA1-2 nsmissior	ribers for the ther explar form. service(s)	ne system nation of h	n's secor now to co	ndary tran ompute th	smission se is amount,	ervice see	
		during the a										\$ (Amount		'36.70 receipts)
L Copyright Royalty Fee	InstrucCompUse IUse I	RIGHT RO'ctions: To complete block of the bl	ompute the 1, block 2, e amount o e amount o e amount o	e royalty for block f gross ref gross ref gross ref	3. eceipts i eceipts i eceipts i	in space Kiin space Kiin space Kiin space K	is more this more th	nan \$137,1 nan \$263,8	00 but les	ss than \$		o \$263,800		
				Е	BLOCK	1: GROSS	RECEIF	TS OF \$1	37,100 C	OR LES	S			
		uctions: As a unting period		em with g	ross rece	eipts of \$13	7,100 or le	ess, the roy	alty fee th	at you m	ust pay fo	r this six-mo	onth	
	Line '	1. Royalty fe	e for accou	nting peri	iod									
	Line 2	2. Interest ch	narge. Ente	r the amo	ount from	n line 4, spa	ce Q, pag	je 8				-		0.00
	Line :	3. TOTAL R	OYALTY FI	FF PAYA	ABLE FO	OR ACCOU	NTING PE	RIOD Add	lines 1 ar	nd 2				
	Line	o. TOTAL III				ECEIPTS								
	1. Ba	ise amount u	nder statuto	ory formu	la				\$	263	3,800.00	_		
	2. En	iter amount o	of gross reco	eipts from	n space ł	K			\$	150),736.70			
	3. Su	btract line 2	from line 1						\$	113	3,063.30	_		
	4. En	iter the amou	ınt of gross	receipts t	from spa	ice K				\$		150,736.7	0	
	5. En	iter the amou	ınt from line	3						\$		113,063.3	0_	
	6. Su	btract line 5	from line 4							\$		37,673.4	0_	
	7. Mu	ultiply line 6 b	y .005 (ent	er figure l	here)							\$	1	88.37
	8. Inte	erest charge	. Enter the	amount f	from line	4, space Q	, page 8 .					·		0.00
	9. TO	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8										1	88.37	
			BLOCK	(3: GRC	SS RE	CEIPTS O	F MORE	THAN \$2	63,800 (t	but less	than \$52	27,600)		
	1. En	iter the amou	ınt of gross	receipts t	from spa	ace K								
		ise amount u	_								3,800.00	_		
		btract line 2												
	4. Mu	ultiply line 3 b	y .01									_		
	5. Ro	yalty due on	the first \$2	63,800 of	f gross re	eceipts (und	ler statuto	ry formula)		\$		1,319.0	0	
	6. Inte	erest charge	. Enter the	amount f	from line	4, space Q	, page 8 .			· · ·		0.0	0_	
	7. TO	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6												
				FILING	G FEE /	AND TOTA	AL REMI	TTANCE [DUE					
Filing Fee and Fotal Remittance	1. Ro	yalty Fee Pa	ayable for A	ccounting	Period	(from Block	1, 2, or 3	, above)		\$		188.3	7_	
Due	2. Fili	ing Fee (See	the instruc	tions for i	more info	ormation on	filing fee	calculations	3)	<u>\$</u>		20.0	0_	
	3. TO	TAL AMOU	NT DUE FO	OR ACCO	OUNTING	G PERIOD.	Add line	s 2 and 3 .				\$	2	08.37
		Important	: Your rem	nittance r	must be	in the forn	n of an ele	ectronic pa	yment pa	ayable to	the Regi	ister of Cop	yrights	s!
		•				ral instruct		-		-	_	-		

Accounting Period:	2018/2																				FORM	SA1-2E	. PA	GE 7
Name	LEGAL NAME OF OWNE	ER OF CABLE SYSTEM: ELEVISION LC																				SYS		1 ID# 3226
M Channels	to its subscribers, and 1. Enter the total num system carried telev 2. Enter the total num on which the cable s	ust give (1) the number of d (2) the cable system's to other of channels on which vision broadcast stations. There of activated channels system carried television between carried television between carrieds.	otal numb the cable s broadcast	ole	er of a	f activa	ted c	hanne	ls duri	ing the	e acc	coun	ting p	eriod	i.	ations				34]
N Individual to Be Contacted		CONTACTED IF FURTHE t this statement of account		ORM	RMA	ATION I	IS NE	EDE) (Ider	ntify ar	n indi	ividu	ıal to	whon	n									
for Further Information	Name MA	ARGARET CORLET	ГТ												Tele	phone	(56	3) 2	45-4	481				
	(Nui	D BOX 1008 mber, street, rural route, apartm -KADER, IA 52043		uite nı	e num	mber)																		
	Email	y, town, state, zip) MCORLETT@A	ALPINE-(-COI	OMI	1MUNI	CAT	IONS	.COM	ļ		Fa	x (op	tional	l)									
Ocertification	I, the undersigned, he (Owner oth (Agent of o	Typed or printed	artnership tion or pa wner is not f a corpora nereby dec knowledge	partner on the contract of the	one	m the or rship) I or poration or a particular pormation of Christer using	is Ho	of the dul partnur (if a p	cable / authorship; artners w that f, and	orized or ship) of all state m	ageni ageni of the atteme ade ir	iden lega ents of n go	tified the over all entire of factors of factors of factors over the factors of factors over the factors ove	ty idea	of the of	space l cable s as ow	B; or systen							

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ccounting Period: 2018/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
LPINE CABLE TELEVISION LC	63226
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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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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