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

Return completed workbook

<b>STATEME</b>	INT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable System General instruct in the first tab of	ctions	are located	07/19/2019	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	<b>/YY/(Period))</b> Period 2 = July 1 - December 31	
Accounting Period		20191	Barcode Data Filing Period (optiona	I - see instructions)	
(		Instructions: Give the full legal name of the owner of th	e cable system. If the owner is a subs	diary of another corporation, give the full co	rporate title
В		of the subsidiary, not that of the parent co	prporation.		
Owner		List any other name or names under which	n the owner conducts the business of t	he cable system.	
		If there were different owners during the a single statement of account and royalty fe		the last day of the accounting period should sting period.	submit a
		Check here if this is the system's first filing	s. If not, enter the system's ID number	assigned by the Licensing Division.	31293
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
		Dumont Telephone Company			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 349 (Number, street, rural route, apartment, or suite n	umber)		
		Dumont, IA 50625-0349 (City, town, state, zip)			
	INSTE		ess or trade names used to ide	ntify the business and operation of the	a system unless these
С				e system, if different from the addres	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n			
		(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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Dumont Telephone Company	31293
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	y" is the same as a "community unit" as defined in FCC rules: munities within unincorporated areas and including single,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ma parks should be reported in parentheses below the
Area Served	identified city.	nne parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Dumont	IA
Community	Allison	IA
	Parkersburg	IA
d Rows as Necessary		IA

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name	Dumont Telephone Cor							515	3129
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of t	he cable	
	system, that is, the retransmissi								
Secondary	about other services (including	<i>,</i> , .					those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot	`				,	hla system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	umber of billing	gs in th	at category (the	number c	of persons or or	ganizations		
	separately for the particular serve							ro and the	
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-							
	category, but do not include disc	· ·		,					
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of					convice that an	a different f	in and the area	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, the system system)	-		•					
	with the number of subscribers a						,		
	sufficient.				1				
	BLO	OCK 1 NO. OF					BLOCK	C2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>	Basic Pkg =				Basic Pkg			\$43.3
	<ul> <li>Service to additional set(s)</li> </ul>	Non-DVR =	130	\$3.95/mth		Pkg (Geneva			\$118.0
	• FM radio (if separate rate)					Basic Pkg (G	ieneva)	1	\$41.4
	Motel, hotel	Basic Pkg =		\$235.00/mth		onal DVR	- DI	2	\$5.95
	Commercial	Basic Pkg =	: 1	\$119.00/mth		ercial - Basi		1	\$160. \$310.
	Converter     Residential				Comme	ercial - Basi	СГКУ		ə310.
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMI	SSIONS: RATE	s				
F	In General: Space F calls for ra	te (not subscrit	oer) inf	ormation with re	spect to a	ll your cable sy	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the			1					
Fransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha			•				were not	
Rules	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descri	ption and inclue	de the	rate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Instal	lation: Non-res	idential				
	• Pay cable	\$14.95		otel, hotel		PP		dZone HD	\$40.0
	Pay cable—add'l channel	\$14.95		ommercial		PP	Live US	B Adapter	\$1.0
	Fire protection			y cable		\$10			
	•Burglar protection			iy cable-add'l ch	annel	\$10.00			
	Installation: Residential	¢25.00		e protection					
	First set	\$35.00 BB		Irglar protection					
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	PP		services:		¢35.00			
				sconnect		\$35.00			
	• Converter								
	Converter					DD			
	• Converter		• Oı	utlet relocation	ess	PP \$35.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM
Name	Dumont Telephone Co			312 312
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: a in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carried in concerning substitute basis stations o'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 instrin of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPI ne-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education ructions in the paper SA1-2 form. the community to which the station is the community with which the station is the community with which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG-TV	9	N	Cedar Rapids, IA
	KCRGDT		N-M	Cedar Rapids, IA
d Rows as Necessary	KCRGDT2		N-M	Cedar Rapids, IA
	KCRGDT3		N-M	Cedar Rapids, IA
	KCRGDT4		N-M	Cedar Rapids, IA
	KCRGDT5		N-M	Cedar Rapids, IA
	KFXA	28	N	Cedar Rapids, IA
	KFXADT		N-M	Cedar Rapids, IA
	KFXADT2		N-M	Cedar Rapids, IA
	KFXADT3		N-M	Cedar Rapids, IA
	KFXADT4		N-M	Cedar Rapids, IA
	KGAN	2	N	Cedar Rapids, IA
	KGANDT		N-M	Cedar Rapids, IA
	KGANDT2		N-M	Cedar Rapids, IA
	KGANDT3		N-M	Cedar Rapids, IA
	KPXR-TV	48	N	Cedar Rapids, IA
	KPXRDT		N-M	Cedar Rapids, IA
	KPXRDT2		N-M	Cedar Rapids, IA
	KPXRDT3		N-M	Cedar Rapids, IA
	KDIN	11	E	Des Moines, IA
	KDINDT		E-M	Des Moines, IA
	KDINDT2		E-M	Des Moines, IA
	KDINDT3		E-M	Des Moines, IA

Nerree	LEGAL NAME OF OWNER OF	JF CABLE SYSTEM:		SYSTEM
Name	Dumont Telephone C	Company		31
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary rransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on	d also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part le carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st urried by your cable system on a su see Special Statement and Program both on a substitute basis and all see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep	t-time basis under grams [sections tations carried on a substitute program n Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream
	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 locatio FCC. For Mexican or Cana	WRC is channel 4 in Washington, D.C. ch case whether the station is a network si tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list the adian stations, if any, give the name of the	station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station ne community with which the station	r a noncommercial ependent), "I-M" ational multicast). on is licensed by the on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КЖКВ	20	N	lowa City, IA
	KWKBDT		N-M	lowa City, IA
	KWKBDT2		N-M	Iowa City, IA
	KWWL	7	N	Waterloo, IA
	KWWLDT		N-M	Waterloo, IA
	KWWLDT2		N-M	Waterloo, IA
	KWWLDT3		N-M	Waterloo, IA
	KWWLDT4		N-M	Waterloo, IA
	KWWLDT5		N-M	Waterloo, IA
	кссі	8	N	Des Moines, IA
	КССІДТ		N-M	Des Moines, IA
	KCCIDT2		N-M	Des Moines, IA
	КССІДТЗ		N-M	Des Moines, IA
	ксш	23	Ν	Des Moines, IA
	KCWIDT		N-M	Des Moines, IA
	KCWIDT2		N-M	Des Moines, IA
	KCWIDT3		N-M	Des Moines, IA
				Des Moines, IA
	KDMI	56	N	Des Mollies, IA
	KDMI KDSM	<u>56</u> 17	N N	Des Moines, IA Des Moines, IA
	KDSM		N	Des Moines, IA
	KDSM KDSMDT		N N-M	Des Moines, IA Des Moines, IA
	KDSM KDSMDT KDSMDT2		N N-M N-M	Des Moines, IA Des Moines, IA Des Moines, IA

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name				312
	Dumont Telephone C			
G	In General: In space G, ide	entify every television station (including t m during the accounting period, <i>except</i>	•	,
Primary ransmitters: Television	FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a <b>Substitute Basis Stations</b> 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 informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter	in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. :: With respect to any distant stations can ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. el number the FCC assigned to the telev (RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (for	e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s rried by your cable system on a s le Special Statement and Progran I both on a substitute basis and a see page (v) of the general instru rogram services such as HBO, Ei -air designation. For example, re vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde	grams [sections stations carried on a substitute program m Log)—if the lso on some other actions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M"
		, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc		ational multicast).
	For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana	erms, see page (iv) of the general instruc n of each station. For U.S. stations, list t dian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the static e community with which the static	on is licensed by the on is identified.
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN	erms, see page (iv) of the general instruction of each station. For U.S. stations, list t	ctions in the paper SA1-2 form. the community to which the static e community with which the static <b>3. TYPE OF STATION</b>	on is licensed by the on is identified.  4. LOCATION OF STATION
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KFPXDT	erms, see page (iv) of the general instruc n of each station. For U.S. stations, list t dian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M	on is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KFPXDT KFPXDT2	erms, see page (iv) of the general instruc n of each station. For U.S. stations, list t dian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M	on is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KFPXDT KFPXDT2 KFPXDT3	erms, see page (iv) of the general instruct n of each station. For U.S. stations, list f dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M	on is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA Des Moines, IA
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KFPXDT KFPXDT2 KFPXDT3 WHO	erms, see page (iv) of the general instruc n of each station. For U.S. stations, list t dian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N-M	on is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KFPXDT KFPXDT2 KFPXDT3 WHO WHODT	erms, see page (iv) of the general instruct n of each station. For U.S. stations, list f dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N-M N-M	on is licensed by the on is identified.
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KFPXDT KFPXDT2 KFPXDT3 WHO WHODT WHODT2	erms, see page (iv) of the general instruct n of each station. For U.S. stations, list f dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M	on is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KFPXDT KFPXDT2 KFPXDT3 WHO WHODT WHODT2 WHODT3	erms, see page (iv) of the general instruct n of each station. For U.S. stations, list f dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M	on is licensed by the on is identified.
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KFPXDT KFPXDT2 KFPXDT3 WHO WHODT WHODT2 WHODT3 WHODT4	2. B'CAST CHANNEL NUMBER         13	ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M N-M	on is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KFPXDT KFPXDT2 KFPXDT3 WHO WHODT WHODT2 WHODT3 WHODT4 WOI	erms, see page (iv) of the general instruct n of each station. For U.S. stations, list f dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	A LOCATION OF STATION          4. LOCATION OF STATION         Des Moines, IA         Des Moines, IA
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KFPXDT KFPXDT2 KFPXDT3 WHO WHODT WHODT2 WHODT3 WHODT4 WOI WOIDT	2. B'CAST CHANNEL NUMBER         13	ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M N-M	on is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana 1. CALL SIGN KFPXDT KFPXDT2 KFPXDT3 WHO WHODT WHODT2 WHODT3 WHODT4 WOI	2. B'CAST CHANNEL NUMBER         13	ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	A LOCATION OF STATION          4. LOCATION OF STATION         Des Moines, IA         Des Moines, IA

Dumont Tel	F OWNER OF C							SYSTEM I 312
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C	) it is carried b monitoring, to ormation abou rm. dentify the call State whether f f the radio stat this by placing Sive the station	y the sys be recei at the Co l sign of o the static ion's sign g a checl n's locati	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 k 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 co ge (v) of the g ystem as a se sed by the FC	) it can l ertain st eneral ir parate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	FM	C/D	Hampton, IA			C, D		
							·	
							·	

Accounting Perio	od: 2019/1						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Dumont Telephone Co	ompany						31293
	SUBSTITUTE CARRIAG				G			
1		-	-			4		
	In General: In space I, ident substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					ne general in			R1-2 I0IIII.
Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network televis	sion progr	am
Program Log	broadcast by a distant sta	tion?					YES	× NO
	NI - ( 1(				(C) ( )		-	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	nust complete	the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if their	meaning	j is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		JVIES OF DASK	etball. List specific progra		example, TLU	ve Lucy i	01
			dcast live, ent	er "Yes." Otherwise enter '	'No."			
				asting the substitute progr				
				the community to which th		censed by the	FCC or, i	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals, v	with the m	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.m. sr	nould be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	t vour system	Nas roqu	ired
	to delete under FCC rules							
	was substituted for program							gram
	effect on October 19, 1976		, ,					
					1			[
					WHE	N SUBSTITU	TE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUR	RED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
		+						
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Accounting Period:	2019/1			FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	Dumont Telephone Company				31293
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 explanatic 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	ystem's se on of how to	condary transm o compute this a	ission service amount, see	0,822.12 pss receipts)
		•			
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 f Use block 3 if the amount of gross receipts in space K is more than \$263,800 f See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than nformation	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	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 lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	220,822.12		
	3. Subtract line 2 from line 1	\$	42,977.88		
	4. Enter the amount of gross receipts from space K		. \$ 2	220,822.12	
	5. Enter the amount from line 3		. \$	42,977.88	
	6. Subtract line 5 from line 4	•••	<b>\$</b> 1	77,844.24	
	7. Multiply line 6 by .005 (enter figure here)			\$	889.22
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	889.22
	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				
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	889.22	
	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			\$	909.22
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Dumont Telephone Company	SYSTEM ID# 31293
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	60 297
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 Roger Kregel Telephone	(641) 857-3211
	Address     506 Pine St, PO Box 349 (Number, street, rural route, apartment, or suite number)       Dumont, IA 50625-0349 (City, town, state, zip)       Email   rogerkr@netins.net Fax (optional) (641) 857-338	20
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 I  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 hereir 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)]  X /s/ Roger Kregel  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: Roger Kregel	system as identified ner of the cable system
	Title:     General Manager       (Title of official position held in corporation or partnership)       Date:     7/18/2019	

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.

unting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
nont Telephone Company	3129
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name 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
	Q Interest Assessmer
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