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 RECEIVED	AMOUNT					
9/1/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
		Barcode Data Filing Period (optional - see instructions)								
Accounting										
Accounting Period										
		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								
В		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								
		MARNIE ELIZIORNI TELERIJONIE COMPANIV								
	MARNE ELK HORN TELEPHONE COMPANY  BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
		BUSINESS NAME(S) OF OWNER OF CABLE STSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		PO BOX 120								
		(Number, street, rural route, apartment, or suite number)								
		ELK HORN, IA 51531 (City, town, state, zp)								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these								
	name	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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MARNE ELK HORN TELEPHONE COMPANY
D	Instructions: List each separate community served by the cable system. A "commrules: "a separate and distinct community or municipal entity (including unincorpoincluding single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first coidentification hereafter known as the "first community." Please use it as the first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.
	CITY OR TOWN
First Community	ELK HORN BRAYTON
Community	MARNE
dd Rows as Necessary	KIMBALLTON
	EXIRA

ı	

FORM SA1-2E. PAGE 1b.

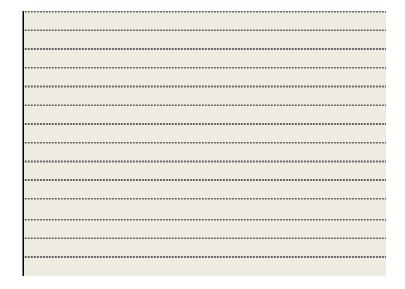
## SYSTEM ID#

20172

nity" is the same as a "community unit" as defined in FCC ated communities within unincorporated areas and munity that you list will serve as a form of system ommunity on all future filings.

home parks should be reported in parentheses below the

STATE
IA
IA
l <b>A</b>
IA
IA



Accounting Period: 43831 FORM SA1-2E. PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 20172 MARNE ELK HORN TELEPHONE COMPANY SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission Service: Sub-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 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 Rates 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. BLOCK 1 BLOCK 2 NO. OF NO OF CATEGORY OF SERVICE SUBSCRIBERS **RATE** CATEGORY OF SERVICE **RATE SUBSCRIBERS** Residential: 676 37.95 · Service to first set Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than 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. Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Rates 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 1							
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential						
Pay cable		Motel, hotel						
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial						
Fire protection		Pay cable						
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel						
Installation: Residential		Fire protection						
• First set	50.00	Burglar protection						
<ul> <li>Additional set(s)</li> </ul>		Other services:						
• FM radio (if separate rate)		Reconnect	30.00					
Converter		Disconnect						
		Outlet relocation	40.00					
		Move to new address	30.00					

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	MARNE ELK HORN	TELEPHONE COMPANY					
	PRIMARY TRANSMITTERS:	: TELEVISION					
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a par FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network pro 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 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 station here in space G—but do list it in space I (the Special Statement and Program 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 a basis. For further information concerning substitute basis stations, see page (v) of the general instru Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, E						
	multicast stream associated with a station according to its over-the-air designation. For example, re "WETA-2" as the same on the form.  Column 2: Give the channel number the FCC assigned to the television station for broadcasting over 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 educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) are 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 of the station of the community with which the station of the station of the community with which the station of the community with which the station of the station of the community with which the community with which the community with which the community with which which was a community with which which was a community with which which was a community w						
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal	terms, see page (iv) of the general inso on of each station. For U.S. stations, li adian stations, if any, give the name of	tructions in the paper SA1-2 form. ist the community to which the stat f the community with which the sta				
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN	terms, see page (iv) of the general inson of each station. For U.S. stations, liadian stations, if any, give the name of	structions in the paper SA1-2 form. ist the community to which the stat f the community with which the stat 3. TYPE OF STATION				
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN	terms, see page (iv) of the general inson of each station. For U.S. stations, ladian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER  3.1	structions in the paper SA1-2 form. ist the community to which the star of the community with which the star of the community with which the community with which the star of the community with the community wit				
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN  KMTV-TV  COURT TV	terms, see page (iv) of the general inson of each station. For U.S. stations, ladian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER  3.1  3.2	structions in the paper SA1-2 form. ist the community to which the star of the community with which the community with t				
dd Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN  KMTV-TV  COURT TV  LAFF-TV	terms, see page (iv) of the general inson of each station. For U.S. stations, ladian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER  3.1  3.2  3.3	structions in the paper SA1-2 form. ist the community to which the sta f the community with which the sta  3. TYPE OF STATION  N  N-M  N-M				
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odd Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN  KMTV-TV  COURT TV  LAFF-TV  ESCAPE  WOWT  COZI  H&I	terms, see page (iv) of the general inson of each station. For U.S. stations, liadian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER  3.1  3.2  3.3  3.4  6.11  6.12  6.13	structions in the paper SA1-2 form ist the community to which the staff the community with the community with the staff the community with the staff the community with the community with the staff the community with the co				
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Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN  KMTV-TV  COURT TV  LAFF-TV  ESCAPE  WOWT  COZI  H&I	terms, see page (iv) of the general inson of each station. For U.S. stations, liadian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER  3.1  3.2  3.3  3.4  6.11  6.12  6.13	structions in the paper SA1-2 form ist the community to which the staff the community with the community with the staff the community with the staff the community with the community with the staff the community with the co				
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Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN  KMTV-TV  COURT TV  LAFF-TV  ESCAPE  WOWT  COZI  H&I  ION TV  StartTV	terms, see page (iv) of the general inson of each station. For U.S. stations, ladian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER  3.1  3.2  3.3  3.4  6.11  6.12  6.13  6.14  6.15	structions in the paper SA1-2 form ist the community to which the staff the community with the staff the community with the staff the community with which the staff the community with the staff the community with the staff the community with the community with which the staff the community with the staff the				
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN  KMTV-TV  COURT TV  LAFF-TV  ESCAPE  WOWT  COZI  H&I  ION TV  StartTV  KETV-DT	terms, see page (iv) of the general inson of each station. For U.S. stations, liadian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER  3.1  3.2  3.3  3.4  6.11  6.12  6.13  6.14  6.15  7.1	structions in the paper SA1-2 form ist the community to which the staff the community with the staff the community with which the staff the community with the				

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KCCI-MY

N-M

WHO-HD	13.1	N
WHO-DT	13.2	N-M
WHO-DT	13 3	N-M
WHO-DT4	13.4	N-M
KXVO	15.11	N
TBD	15.12	N-M
Charge!	15.13	N-M
Stadium	15.14	N-M
KDSM-DT	17.11	N
Comet	17.12	N-M
Charge!	17.13	N-M
TBD	17.14	N-M
KDMI	19.1	N
KYNE	26.1	E
IPTV-H	36.11	E
IPTV2-H	36.12	E-M
IPTV3-H	36.13	E-M
IPTV4-H	36.14	E-M
KPTM-DT	42.1	E-M
This	42.2	N-M
Comet	42.3	N-M

FORM SA1-2E. PAGE 3.

# SYSTEM ID# 20172

elevision stations) time basis under rams [sections ations carried on a

ubstitute program

Log)—if the

so on some other tions.
PN, etc. Identify each ort multistream

r the air in its community

a noncommercial pendent), "I-M" tional multicast).

n is licensed by the n is identified.

### 4. LOCATION OF STATION

4. LOCATION OF STATION
OMAHA, NE
DES MOINES, IA
DES MOINES, IA
DES MOINES, IA
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DES MOINES, IA
DES MOINES, IA
DES MOINES, IA
DES MOINES, IA
OMAHA, NE
OMAHA, NE
OMAHA, NE
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DES MOINES, IA
OMAHA, NE
RED OAK, IA
OMAHA, NE
OMAHA, NE
OMAHA, NE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### MARNE ELK HORN TELEPHONE COMPANY

### 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 EM	S/D	I OCATION OF STATION	CALL SICN	AM or EM	9/D	I OCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
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Accounting Period: 43831 FORM SA1-2E. PAGE 5												
	LEGAL NAME OF OWNER OF	CABLE SYS				SYSTEM ID#						
Name	MARNE ELK HORN TE	ELEPHO	NE COMPAI	NY				20172				
<b>J</b> Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUB	STITUTE CARRIAGE								
Special	During the accounting period	od, did you	cable system	carry, on a substitute bas	s, any nonne	twork televi	sion program	1				
Statement and Program Log	broadcast by a distant sta	•	•	•			YES	X NO				
Program Log												
	<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.											
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is											
	clear. If you need more space Column 1: Give the title of period, was broadcast by a counder certain FCC rules, reg. Do not use general categorie "NBA Basketball: 76ers vs. In Column 2: If the programs Column 3: Give the call sections is the column of the column of the column of the call sections of th	ce, please a of every nor distant stati gulations, or es like "mov Bulls." I was broad sign of the s	add additional ranetwork televion and that your authorizations vies" or "baske cast live, enter tation broadca	ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the genetall." List specific program "Yes." Otherwise enter "N sting the substitute program	orogram") that d for the prog eral instruction n titles, for ex do."	nt, during the gramming of ns for furthe ample, "I Lo	e accounting f another stat er information ove Lucy" or					
	the case of Mexican or Cana Column 5: Give the mont	adian statio th and day	ns, if any, the	e community to which the community with which the em carried the substitute	station is ider	ntified).		th				
	first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	s when the			•			у				
	Column 7: Enter the lette to delete under FCC rules at was substituted for program effect on October 19, 1976.	nd regulatio	ns in effect du		; enter the let	ter "P" if the	e listed progra					
						EN SUBST						
	Sl	JBSTITUT	E PROGRAM	/	CARR	IAGE OCC		7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	DELETION				
							_					
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Accounting Period:	<b>43831</b> FORM SA1-2E. PAGE 6					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MARNE ELK HORN TELEPHONE COMPANY  20172					
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 of 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, see 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.  \$ 153,925.20  [MPORTANT: You must complete a statement in space P concerning gross 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 but less than or equal to \$263,800  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  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					
	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) \$ 220.25					
	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)					
	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)					
	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)					
	2. Filing Fee (See the instructions for more information on filing fee calculations)					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3					
	EFT Trace # or TRANSACTION ID # 76028945001					
	<u>Important:</u> 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.					

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 43831 FORM SA1-2E. PAGE 7.								
Name	LEGAL NAME OF OWNER MARNE ELK HORN		PANY			SYSTEM ID# 20172		
<b>IVI</b> 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.							
	Enter the total number system carried television			e 	35			
	2. Enter the total number on which the cable syste	em carried television b	roadcast	stations	71			
N				RMATION IS NEEDED (Identify an individual to whom	••••			
Individual to Be Contacted for Further	we can contact about thi  Name RAC	is statement of accoun	nt.)	Tele	phone <b>712-764-6161</b>			
Information	***************************************	BOX 120		Telef	Mone 112 104 0101			
	(Number	er, street, rural route, aparti THORN, IA 51531		te number)				
	(City, to	RACHEL@MET	CTEAM	COM Fax (optional) 712-7	64-6161			
	CERTIFICATION (This s	statement of account n	nust be ce	ertified and signed in accordance with Copyright Office r	egulations)			
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein							
		rect to the best of my kno	•	formation, and belief, and are made in good faith.	elli			
			X	/s/ Rachel Hamilton				
				lectronic signature on the line above to certify this statement ature using an "/s/ signature" (e.g., /s/ John Smith)				
		Typed or printed	name:	Rachel Hamilton				
			CEO ition held in	corporation or partnership)				
		Date:		8/28/2020				

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 43831 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ARNE ELK HORN TELEPHONE COMPANY	20172
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."	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.	
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?  NO	
YES. Enter the total here and list the satellite carrier(s) belov	
Name Mailing Address Name 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 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	-
* 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.	
** 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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