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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	01/19/21	\$ ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y)	(YY/(Period))	

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
• <i></i>		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
		Partner Communications Coop
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 8 (Number, street, rural route, apartment, or suite number)
		Gilman, IA 50106
		(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 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 Notic	e Section	a 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (PII) requested on this

1 of title 17 of the United States Code a thorizes the Copyright Offce to collect the personally ident (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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI
Name		
	Partner Communications Coop	282
	Instructions: List each separate community served by the cable system. A "comr	
D	"a separate and distinct community or municipal entity (including unincorporate	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future filing	5.
	Note: Entities and properties such as hotels, apartments, condominiums, or mot	ile home parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Laurel	IA
Community	Oakland Acres	IA
	Baxter	IA
d Rows as Necessary	Melbourne	A
	Rhodes	IA
	Montour	IA
	State Center	IA

Name         Partner Communications Coop           Bet Secondary Transmission 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 E, not here. All the facts you state musb be those existing on the last day of the accounting period (June 30 or December 31, as the case may be)           Number of Subscribers: Iso biblocks in space E, not here. All the facts you state musb be those existing on the last day of the accounting period (June 30 or December 31, as the case may be)           Rate: Give the standard rate withing in that categories of secondary transmission service. In due of the cable system, broker down by categories of secondary transmission service. In due and the number of subscribers is due separately for the particular service at the rate indicated—not the number of subscribers is each category by counting the charged for each category of service. Include discounts allowed for advance payment           Block 1: In the left-hand block in space E. He form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers are different from the subscriber who pays ext af or cable service to additional set(s).           Block 2: If your cable system has rate categories for secondary transmission service that all different from thosy printed in block 1 (for example, lies of services that include one or more secondary transmissions), list them, togethe with the number of subscribers at rate indicatedate ore subscriber secondary transmission printed in block 1 (f	1-2E. PA STEM	
F         Secondary Transmission         Secondary transmission         Secondary transmission           Secondary Transmission Service: Sub- Service:	-	282
E       In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of devision and rando braadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you subscribers. Give information about other services of secondary transmission service. In general, you can compute the number of subscribers is each eategory by counting ther (Mure 30 or December 31, set he case service).         Rates       Rates is the standard rate charged for each category (the number of secondary transmission service) are category, but on thick dediscounts allowed for advance payment.         Biock 11: In the left-had block in space E. In form in the set of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category. Example: *20 mit previse that allow or genarization in the cable system.         Biock 11: In the left-had block in space E. In form allow or genarization is the category. Example: *20 mit previse to additional set(s).       Biock 11: fuer service is additional set(s).         Biock 21: I your system. Note: 'material set is the categories of secondary transmission service is the muter of subscribers and rate of reace and previse to additional set(s).       Biock 21: Your cable system final service is a subscriber in cable service is additional set(s).         Biock 21: Your cable system final service is services that include on error secondary transmission service is the muter of subscribers in fuer cable system final service is additional set(s). <t< td=""><td>20</td><td>02</td></t<>	20	02
Biock 2: If your cable system has rate categories for secondary transmission service that are different from thost printed in block 1 (for example, liters of services that include one or more secondary transmissions), list them, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service i sufficient.           ELOCK 1         ELOCK 2           CATEGORY OF SERVICE         Subscribers         RATE         CATEGORY OF SERVICE         Subscribers           Residential:         - Service to first set         38         117.49         Basic & Digital Tier           Service to additional set(s)         - FM radio (if separate rate)		
BLOCK 1         BLOCK 2           NO. OF CATEGORY OF SERVICE         NO. OF SUBSCRIBERS         RATE         CATEGORY OF SERVICE         NO. OF SUBSCRIBER           Residential:         • Service to additional set(s)         • Service to additional set(s)         Basic & Digital Tier         SuBSCRIBER           • Service to additional set(s)         • FM radio (if separate rate)         Basic & Digital Tier         SuBSCRIBER           • FM radio (if separate rate)         • On-residential         • On-residential         • On-residential           • Noresidential         • No-residential         • On-residential         • On-residential           • No-residential         • No-residential         • On-residential         • On-residential           • No-residential         • No-residential         • On-residential         • On-residential           • Services         Services for a logle fee. There are two exceptions: you do not need to give rate inf		
F         Services Other Than Secondary transmissions: Rates         Service of a single fee. There are two exceptions: you do not need to give rate information whole yetsem for each of the applicable services inter our scale system for each of the applicable services inter our scale system for each of the applicable services inter our scale system for each of the applicable services inter our scale system for each of the applicable services inter our scale system for each of the applicable services inter our scale system for each of the applicable services inter our scale system for each of the applicable services inter our scales stat are not single fee. There are two each services that user not 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         BLOCK 2           CATEGORY OF SERVICE         RATE         CATEGORY OF SERVICE         RATE         Services           Other Than science         Services         Services or facilities furnished to nonsubscribers. Rate information should include both the anount 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 inthe our cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         RATE         CATEGORY OF SERVICE         RATE         CATEGORY OF SERVICE         RATE         CATEGORY OF SERVICE		
Residential:       Service to first set       38       117.49       Basic & Digital Tier         Service to additional set(s)		
Service to first set       38       117.49       Basic & Digital Tier         Service to additional set(s)	RA	RAT
• Service to additional set(s)       • FM radio (if separate rate)         Motel, hotel       • • • • • • • • • • • • • • • • • • •	\$ ##	###
•FM radio (if separate rate) Motel, hotel Commercial Converter       Image: Commercial Converter         •Residential •Non-residential       Image: Commercial Converter         •Residential •Non-residential       Image: Commercial Converter         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 transmissio service for a single fee. There are two exceptions: you do not need to give 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 nc 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.         ELOCK 1       BLOCK 1         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Pay cable       14.95         •Pay cable       •Pay cable         •Pay cable       14.95         •Pay cable       •Pay cable         •Pay cable       14.95         •Pay cable       •Pay cable	, ""	
Commercial Converter		
Converter       Residential         · Non-residential       Image: Converter         · Residential       · Non-residential         · Non-residential       Image: Converter         · Residential       · Non-residential         B       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) service furnished to consubscribers. 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 nc 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       BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE         · Pay cable       · Addition: Non-residential       · Pay cable         · Fire protection       · Pay cable       · Pay cable         · Fire protection		
• Residential       • Non-residential         • Non-residential       • Mon-residential <b>F</b> Services         In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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) service: furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) service: furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) service: furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) service: furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) service: 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 formed uning the accounting period that were nc 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.         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         · Pay cable       14.95       • Motel, hotel       • Pay cable       • Pay cable         · Fire protection       · Pay cable       · Pay cable       <		
• Non-residential       • Non-residential         F       Services         Other Than Secondary Transmissions: Rates       SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES in General: Space E calls for rate (not subscriber) information with respect to all your cable system's 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 with any secondary transmission service for a single fee. There are two exceptions: you do not need to give 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 in the form of a brief (two- or three-word) description and include the rate for each.       BLOCK 1         EloCK 1       BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE         • Pay cable       14.95       • Motel, hotel         • Fire protection       • Pay cable       • Pay cable         • Fire protection       • Pay cable       • Pay cable         • Fire protection       • Pay cable       • Pay cable         • Fire set       100.00       • Burglar protection       • Pay cable         • Fire set       100.00       • Burglar protection       • Burglar protection         • Fire state <td></td> <td></td>		
F       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) service: 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 in the form of a brief (two- or three-word) description and include the rate for each.       Block 1: List any services that your cable system furnished or offered during the accounting period that were nc 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.         Extra CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE         Pay cable       14.95       • Motel, hotel         • Pay cable       • Pay cable       • Pay cable         • Fire protection       • Pay cable       • Pay cable         • Fire stet       100.00       • Burglar protection       • Pay cable         • Fire stet       100.00       • Burglar protection       • Burglar protection         • Additional se		
F       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) service: furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) service: 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 nc 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       BLOCK 2         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Pay cable       14.95         • Pay cable       • Pay cable         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Fire protection       • Pay cable-add'l channel         • Fire set       100.00         • Additional set(s) </td <td></td> <td></td>		
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVIContinuing Services:Installation: Non-residential		
Continuing Services:Installation: Non-residential• Pay cable14.95• Pay cable—add'l channel• Motel, hotel• Pay cable—add'l channel• Commercial• Fire protection• Pay cable• Burglar protection• Pay cable-add'l channel• First set100.00• First set100.00• FM radio (if separate rate)• Reconnect		RAT
• Pay cable14.95• Motel, hotelImage: matrix and the second secon		×ΑΙ
• Fire protection       • Pay cable       • and the second		
•Burglar protection     •Pay cable-add'l channel       Installation: Residential     •Fire protection       •First set     100.00       •Additional set(s)     •Burglar protection       •FM radio (if separate rate)     •Reconnect		
Installation: Residential     • Fire protection       • First set     100.00       • Additional set(s)     • Burglar protection       • FM radio (if separate rate)     • Reconnect		
• First set     100.00     • Burglar protection       • Additional set(s)     Other services:       • FM radio (if separate rate)     • Reconnect		
• Additional set(s)     • FM radio (if separate rate)     • Reconnect     • Reconnect     • Reconnect		
• FM radio (if separate rate)     • Reconnect     35.00		
- OUNCILGI - DISCOULECI		
• Outlet relocation     65.00		
Move to new address <b>35.00</b>		

				SYSTEM
Name	LEGAL NAME OF OWNER O Partner Communicat			28
	Partner Communicat			
G Primary ransmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here	dentify every television station (including to em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s:</b> With respect to any distant stations car rules, regulations, or authorizations: ere in space G—but do list it in space I (the	<ul> <li>(1) stations carried only on a particle carriage of certain network program (e)(2) and (4))]; and (2) certain statistical by your cable system on a submitted by your cable system on a submitted by your cable system.</li> </ul>	t-time basis under grams [sections tations carried on a ubstitute program
	basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann	I also in space I, if the station was carried ion 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-	see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	ctions. SPN, etc. Identify each port multistream
	<b>Column 3:</b> Indicate in eacl educational station, by entr (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location FCC. For Mexican or Cana	ch case whether the station is a network sitering the letter "N" (for network), "N-M" (for chin, "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ton of each station. For U.S. stations, list t adian stations, if any, give the name of the	for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station ne community with which the statio	pendent), "I-M" tional multicast). n is licensed by the on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WOI	5.1	N	AMES, IA
	KCCI	8.1	Ν	DES MOINES, IA
Rows as Necessary	КССІ	8.2	Ν	DES MOINES, IA
	КССІ	8.3	N	DES MOINES, IA
	KDIN	11.1	E	DES MOINES, IA
	KDIN	11.2	E	DES MOINES, IA
	KDIN	11.3	E	DES MOINES, IA
	WHO	13.1	Ν	DES MOINES, IA
	who who	13.1 13.2	N N	DES MOINES, IA DES MOINES, IA
	WHO	13.2	N	DES MOINES, IA
	wно wно	13.2 13.3	N N	DES MOINES, IA DES MOINES, IA
	WHO WHO KDSM	13.2 13.3 17.1	N N N	DES MOINES, IA DES MOINES, IA DES MOINES, IA
	WHO WHO KDSM KDSM	13.2 13.3 17.1 17.2	N N N N	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA
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	WHO WHO KDSM KDSM KDSM KCWI KDMI	13.2 13.3 17.1 17.2 17.3 23.1 23.2 39.1	N N N N N	DES MOINES, IA DES MOINES, IA
	WHO WHO KDSM KDSM KDSM KCWI KDMI KFPX KFPX	13.2 13.3 17.1 17.2 17.3 23.1 23.2 39.1 39.2	N N N N N	DES MOINES, IA DES MOINES, IA
	WHO WHO KDSM KDSM KDSM KCWI KDMI KFPX KFPX KFPX	13.2         13.3         17.1         17.2         17.3         23.1         23.2         39.1         39.2         39.3	N N N N 1 1 1 1 1 1 1 1	DES MOINES, IA DES MOINES, IA
	WHO WHO KDSM KDSM KDSM KCWI KCWI KCWI KFPX KFPX KFPX KFPX	13.2         13.3         17.1         17.2         17.3         23.1         23.2         39.1         39.2         39.3         39.5	N N N N 1 1 1 1 1	DES MOINES, IA DES MOINES, IA
	WHO WHO KDSM KDSM KDSM KCWI KDMI KFPX KFPX KFPX	13.2         13.3         17.1         17.2         17.3         23.1         23.2         39.1         39.2         39.3	N N N N 1 1 1 1 1 1 1 1	DES MOINES, IA DES MOINES, IA
	WHO WHO KDSM KDSM KDSM KCWI KCWI KCWI KFPX KFPX KFPX KFPX	13.2         13.3         17.1         17.2         17.3         23.1         23.2         39.1         39.2         39.3         39.5	N N N N 1 1 1 1 1 1 1 1	DES MOINES, IA DES MOINES, IA

EGAL NAME OF								SYSTEM I 282
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate :	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	
		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
NONE								
							·	

Accounting Perio	od: 2020/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Partner Communication	ons Coop						28256
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		)G			
	In General: In space I, ident	-	-			tion that you	ir cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				asis any noni	network telev	ision nroa	ram
Statement and				n ourry, on a substitute be				
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					•		
				er "Yes." Otherwise enter				
				asting the substitute prog			- 500	:
	the case of Mexican or Car			the community to which the community with which the			ie FCC or,	In
				stem carried the substitut			. with the n	nonth
	first. Example: for May 7 gi		······				,	
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	t vour eveter	n was requ	ired
	to delete under FCC rules							
	was substituted for program							Sgrann
	effect on October 19, 1976					Ū		
						N SUBSTIT		
	S	1	E PROGRAM			AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	ме5 - ТО	
		100 01 110	ONEL OTOIN			TROM	10	
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Partner Communications Coop		28256
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	3,068.00 ss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	63,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		02.00
	1. Base amount under statutory formula \$ 263,800.00	,	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Partner Communications Coop	SYSTEM ID# 28256
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 and nonbroadcast services	20 83
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		641-498-7701
	Address 101 E CHURCH ST, PO BOX 8 (Number, street, rural route, apartment, or suite number) GILMAN, IA 50106 (City, town, state, zip)	
	Email manager@pcctel.net Fax (optional) 641-498-7308	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)]</li> </ul>	ystem as identified ner of the cable system
	X       /s/ Daniel Carnahan         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: DANIEL CARNAHAN Title: BOARD SECRETARY (Title of official position held in corporation or partnership)	
	Date: 01-19-2021	

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.

ounting Period: 2/2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
tner Communications Coop	282
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?         X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address	
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 Assessmer
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	-
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       0.00274         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       \$	-
x	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         k       - <td>-</td>	-
x	-
x	-
x	-
x	-
x	

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