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					
2/24/21	\$					
	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

_	T
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	2020/2
	Barcode Data Filing Period (optional - see instructions)
Accounting	
Period	
	Instructions:
В	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
	Lost Nation Elwood Telephone Co
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	BOOMESO WINE(O) OF SWEET OF STREET (II BITTERENT)
	MAILING ADDRESS OF OWNER OF CARLE SYSTEM
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 97, 304 Long Ave
	(Number, street, rural route, apartment, or suite number)
	Lost Nation IA 52254 (City, town, state, zip)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names 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:
	62357
	MAILING ADDRESS OF CABLE SYSTEM:
	2 PO Box 97 (Number, street, rural route, apartment, or suite number)
	Lost Nation IA 52254
1	(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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Lost Nation Elwood Telephone Co	
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpora	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future fili	
	Note: Entities and properties such as hotels, apartments, condominiums, or m	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Lost Nation	IA
Community	Elwood	IA
	Oxford Junction	iA
Rows as Necessary		

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Lost Nation Elwood Telephone Co

SYSTEM ID#

0

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
	NO. OF		NO.	OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCR	RIBERS RATE			
Residential:							
Service to first set	360	36.95					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
				линин филика			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	20.00	Burglar protection			
Additional set(s)	50.00	Other services:			
 FM radio (if separate rate) 		Reconnect	20.00		
Converter		Disconnect			
		Outlet relocation	50.00		
		 Move to new address 			

counting Period: 2020/2 FORM SA1-2E. PAGE 3 SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM: Name Lost Nation Elwood Telephone Co RIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G ried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

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

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified 2. B'CAST CHANNEL NUMBER 1 CALL SIGN 3. TYPE OF STATION 4. LOCATION OF STATION Cedar Rapids IA KGAN 4 WHBF Rock Island IL Add Rows as Necessary **KFXA** 28 Cedar Rapids IA KWQ 6 Bettendorf, IA KWWL Waterloo IA WQAD Moline IL KCRG 9 Cedar Rapids IA KLIR 18 Davenport IA KGCW 26 Cedar Rapids IA IPTV 11.1 12 Iohnston IA KPXR 48 Cedar Rapids IA KGANDT 2.1 2-1 N-M Cedar Rapids IA KGANDT 2.2 2-2 N-M Cedar Rapids IA KGANDT 2.3 2-3 N-M Cedar Rapids IA KFXB 40 40 Dubuque IA KPXR 48.1 48-1 N-M Cedar Rapids IA KPXR 48.2 48-2 N-M Cedar Rapids IA KPXR 48.3 48-3 Cedar Rapids IA KWWL - CW 20 Waterloo IA KWWLDT 7.1 7-1 N-M Waterloo IA KWWLDT 7.2 7-2 N-M Waterloo IA KWWLDT 7.3 7-3 N-M Waterloo IA 9-1 KCRGDT 9.1 N-M Cedar Rapids IA KCRGDT 9.2 N-M Cedar Rapids IA KCRGDT 9.3 9-3 N-M Cedar Rapids IA KCRGDT 9.4 9-4 N-M Cedar Rapids IA KCRGDT 9.5 9-5 N-M Cedar Rapids IA KCRGDT 9.6 Cedar Rapids IA IPTVDT 11.2 11-1 F-M Johnston IA IPTVDT 11.3 11-2 E-M Johnston IA IPTVDT 11.4 E-M Iohnston IA ΚΕΧΔΠΤ 28 1 28-1 I-M Cedar Rapids IA KFXADT 28.2 28-2 I-M Cedar Rapids IA KFXADT 28.3 Cedar Rapids IA KFXADT 28.4 28-4 I-M Cedar Rapids IA WHBFDT 4.1 4-1 N-M Rock Island IL WHBFDT 4.2 4-2 N-M Rock Island IL Rock Island II WHBFDT 4.4 4-4 N-M Rock Island IL WQCDT 6.1 Davenport IA 6-3 N-M Davenport IA WOADDT 8.1 8-1 N-M Moline II 8-2 N-M WQADDT 8.2 Moline IL WQADDT 8.3 Moline II KI IRDT 18 1 18-1 N-M Davenport IA KLJBDT 18.2 18-2 N-M Davenport IA KGCW 26 2 I-M Cedar Rapids IA

U.S. Copyright Office

I-M

Cedar Rapids IA

Cedar Rapids IA

26-3

KGCW 26.3

KGCW 26.4

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Lost Nation Elwood Telephone Co

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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counting Perio	od: 2020/2 LEGAL NAME OF OWNER O	F CABLE SYS	STEM:					FURIV	SYSTEM ID
Name	Lost Nation Elwood T								0101210
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO)G				
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried c substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furtle explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Substitute Carriage:					he general ins	structions i	n the p	paper S	A1-2 form.
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
atement and	-	-	ur cable syster	n carry, on a substitute ba	isis, any noni	network te			
ogram Log	broadcast by a distant sta							YES	NO
	Note: If your answer is "N log in block 2.	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you ı	must com	olete ti	he prog	ram
	period, was broadcast by under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the brothe case of Mexican or Calumn 5: Give the mofirst. Example: for May 7 g Column 6: State the tin to the nearest five minutes	stitute prograce, please of every not a distant state egulations, ories like "mo. Bulls." or was broad I sign of the bandcast stationth and day ive "5/7." nes when the Example:	am on a separ add additional connetwork tele- tion and that yor authorizatio ovies" or "bask adcast live, ent- station broads ion's location (ions, if any, the y when your sy	I rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the getetball." List specific program of the substitute of the community to which the community with which the stem carried the substitute ogram was carried by you	e program") ti ted for the pro neral instruct am titles, for e "No." ram. e station is lid e program. Use r cable syste	hat, during ogrammin ions for fuexample, " censed by entified). se numera	the ag of an rther in Love the F	accountinother sinformate Lucy" of CC or, in the mass accura	ing station tion. or in
	to delete under FCC rules was substituted for progra	tter "R" if the and regulat mming that	ions in effect d		od; enter the l	letter "P" i	the lis	sted pro	
	Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	tter "R" if the and regulat mming that S.	ions in effect o your system w	luring the accounting perions as permitted to delete unc	od; enter the lider FCC rules	letter "P" its and regu	the listions	sted pros s in E	ogram
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Name	Legal name of owner of cable system: Lost Nation Elwood Telephone Co	31	/STEM
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form	mission service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 90	,120.02
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	•
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 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.	\$263,80(
	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 accounting period is \$52.00	his six-month	
	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		
	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)	
	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 DEMITTANCE DUE		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal Remittance Due	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
	EFT Trace # or TRANSACTION ID # 26RBF40L		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mentions.		

Accounting Period:	2020/2 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lost Nation Elwood Telephone Co 0
M 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. 50 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.
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	Address 304 Long Ave., PO Box 97 (Number, street, rural route, apartment, or suite number)
	Lost Nation, IA, 52254 (City, town, state, zip) Email cris@Lnecomm.com Fax (optional) 563-678-2300
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, 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 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/Jan Muhl 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: Jan Muhl Title: General Manager/CEO (Title of official position held in corporation or partnership)
	Date: 2/23/2021

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: 2020/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
st Nation Elwood Telephone Co	(
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 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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	s
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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	<u>-</u>
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	1011010101

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