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

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	•	•			<u>coplicsoa@copyright.gov</u>
General instru	uctions	are located	1/26/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab			1,20,21	ALLOCATION NUMBER	Tel: (202) 707-8150
	01 1110	Workbook			-
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
			1		
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			•		
			Barcode Data Filing Period (optiona	I - see instructions)	
]	···· ·····,	
Accounting Period					
		Instructions:			
В				sidiary of another corporation, give the full o	corporate
Owner		List any other name or names under whic	h the owner conducts the business of	the cable system.	
					el a u la vaste a
		single statement of account and royalty f		the last day of the accounting period should nting period.	u submit a
		Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	63527
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	
		Sac County Mutual Telephone Com	nany		
		BUSINESS NAME(S) OF OWNER OF	• •	Т)	
		Odebolt CATV	× *	,	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		108 S Maple St, PO Box 48			
		(Number, street, rural route, apartment, or suite n	umber)		
		Odebolt, IA 51458 (City, town, state, zip)			
С				entify the business and operation of t	
	name		2, give the mailing address of t	he system, if different from the addre	ss given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(number, street, rurai route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
Privacy Act Notic	e Section	n 111 of title 17 of the United States Code au	thorizes the Convright Offce to collect th	ne personally identifying information (PII) reque	ested on this

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Sac County Mutual Telephone Company	635
D	Instructions: List each separate community served by the cable system. A "coi "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 filir	ited communities within unincorporated areas and including singl t you list will serve as a form of system identification hereafter kno ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Odebolt	lowa
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1		
Name	Sac County Mutual Telephone Company									
			прапу							
Е	SECONDARY TRANSMISSION									
E	In General: The information in s	-		-		•				
Secondary	system, that is, the retransmission about other services (including p									
Transmission	last day of the accounting period	l (June 30 or D	ecemb	er 31, as the ca	se may be	e).		-		
Service: Sub- scribers and	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									
Rates	each category by counting the n	•				•				
	separately for the particular serv					•	,			
	Rate: Give the standard rate c unit in which it is generally billed									
	category, but do not include disc				ny stanua		s within a	particular rate		
	Block 1: In the left-hand block	in space E, th	e form l	ists the categor		-				
	systems most commonly provide							0,		
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca						•			
	first set" and would be counted of					aamiica that an	differenti	from the ope		
	Block 2: If your cable system	•								
	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.									
	BLC	BLOCK 1					BLOCK	K 2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		921	85.75						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel		~	4 4 4 0 0 0						
	Commercial Converter		6	1,140.38						
	Residential									
	Non-residential									
									1	
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for rat		,		•	, ,				
•	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services	•			•		0 (,		
Other Than	amount of the charge and the ur		usually	billed. If any ra	ites are cl	narged on a vari	able per-p	rogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		the cabl	e svstem for ea	ch of the	applicable servi	ces listed.			
Rates	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.									
		BLO			105	DATE	0.175.0	BLOCK 2	D 4 T	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RAT	
	Pay cable	15.95		tel, hotel	aentiai					
	• Pay cable—add'l channel	15.95		mmercial		30.00				
	Fire protection		• Pa	/ cable						
	•Burglar protection		• Pa	/ cable-add'l ch	annel					
	Installation: Residential		• Fire	e protection						
	• First set	30.00		glar protection						
	Additional set(s)			services:						
	• FM radio (if separate rate)			connect		30.00				
	Converter			connect						
			-	tlet relocation ve to new addre	266	45.00				
	1			ve to new addre	500	15.00			I	

Name Sac County Mutual Telephone Company G PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.564(c)(2) and (4), 76.616(c)(2) and (4), 76.76(c)(2) and (4), 76.76(c)(2) and (4), 76.76(c)(2) and (4), 76.76(c)(2) and	ting Period: 202	20/2			FORI	M SA1-2E. PAGE 3.				
Sac County Mutual Telephone Company PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24. 1981, permitting the carriage of carlian network programs [sections 76.58] (6)(2) and (4), 76.63 ((e)(2) and (4)); 76.63 ((e)(2) and (4)); 76.63 ((e)(2) and (4)); and (2) certain stations carried on a substitute program basis subter 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 in space G—but do list it in space I (the Special Statement and BRD, ESPN, etc. Identify each multicast stream associated with a station scarried only on a substitute basis. * List the station here in space G. Do not report origination program services such as HBD, 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, or a noncommercial educational station, by entering the letter TN" (for network), "N-W1" (for independent), "I-M" (for i		EGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID#				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.56(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis as explained in the next paragraph. Substitute Basis Stations with respect to any distant stations carried but on a substitute param basis arried only on a substitute basis. • Do not list the station here in space G– but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space 1, if the station was carried both on a substitute parial 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 liceate in each case whether the station is a network station, an independent station, 1-M" (for independent), 1-M" (for independent multicast). Fe' (for noncommercial educationa), in the paper SA1-2 form. Column 4: Give the location of each station. Fo		ac County Mutual Te	elephone Company			63527				
Primary Transmittrs: Television FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List he 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. <i>Do not</i> 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 3: Indicate in each case whether the Station is a network station, an independent station, or a noncommercial educational station, by entering the letter N" (for network, "N-M" (for network multicast), "T (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational in utilicast). For the meaning of these terms, see page (v) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For US. Stations, Sitts the community with 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 licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is		n General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under								
Transmitters: Substitute program basis, as explained in the next paragraph. The transmitters: Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—If the station was carried only 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, "I-M" (for ind	F	C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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								
 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—If the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast). "E" (for noncommercial educational station, by entering the letter "N" (for network), "N-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 alconitied. 	smitters: su levision Si	ubstitute program basis, as ubstitute Basis Stations:	s explained in the next paragraph. With respect to any distant stations c							
basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network 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 with which the station is identified. I. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KTIV 7 N SIOUX CITY KPTH 4 N SIOUX CITY KCAU 12 N SIOUX CITY KCAU 10 N SIOUX CITY	• [Do not list the station here	e in space G—but do list it in space I (t	the Special Statement and Program Lo	og)—if the					
"WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent multicast). "E" (for noncommercial educational), or "E-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. Image: the state of the state of the station of each station. For U.S. stations, list the community with which the station is identified. Image: the state of the state of the station of each station. For U.S. stations, list the community with which the station is identified. Image: the state of the state of the station of each state of the state of the station is identified. Image: the state of the state o	ba Co	asis. For further informatio olumn 1: List each station	n concerning substitute basis stations i's call sign. <i>Do not</i> report origination	, see page (v) of the general instructio program services such as HBO, ESPN	ns. N, etc. Identify each					
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KTIV 7 N SIOUX CITY KOWS as Necessary 12 N SIOUX CITY KMEG 10 N SIOUX CITY	"V C(WETA-2" as the same on the same on the same on the same of the same of the second seco	he form. I number the FCC assigned to the tele	.						
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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KTIV 7 N SIOUX CITY KPTH 4 N SIOUX CITY KWEG 10 N SIOUX CITY	Cec	olumn 3: Indicate in each ducational station, by ente	case whether the station is a network ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepen	ndent), "I-M"					
KTIV 7 N SIOUX CITY KPTH 4 N SIOUX CITY KCAU 12 N SIOUX CITY KMEG 10 N SIOUX CITY	Fo	or the meaning of these te olumn 4: Give the location	rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the					
Rows as Necessary KPTH 4 N SIOUX CITY KCAU 12 N SIOUX CITY KMEG 10 N SIOUX CITY		1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
KPTH 4 N SIOUX CITY Nows as Necessary KCAU 12 N SIOUX CITY KMEG 10 N SIOUX CITY	к		7	N	SIQUX CITY					
bows as Necessary KCAU 12 N SIOUX CITY KMEG 10 N SIOUX CITY										
KMEG 10 N SIOUX CITY										

Sac County	Mutual Tel	ephone	e Company					SYSTEM I 635
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C	it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	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. on 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 pag ed by the cable s he station is licens	adend, and (2 anna, during ca ge (v) of the g ystem as a se sed by the FC0	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						1		

Accounting Perio	od: 2020/2						FOR	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#		
Nullio	Sac County Mutual Te	lephone	Company					63527		
-	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
	In General: In space I, ident									
Substitute	substitute basis during the a explanation of the programm									
Carriage:	1. SPECIAL STATEMEN				no gonoral inc					
Special	During the accounting pe				isis, any nonr	network te	levision prog	Iram		
Statement and Program Log	broadcast by a distant sta		-	-	-		YES	× NO		
	Note: If your answer is "No	o". leave the	e rest of this pa	age blank. If vour answer is	s "Yes." vou r	nust com				
	log in block 2.	,	· · · · · · · · · · · · · · · · · · ·	.g ,	, ,			9		
	Column 3: Give the call Column 4: Give the brow the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	egulations, ries like "mo . Bulls." m was broa sign of the adcast stati nadian stati nth and day ve "5/7." res when th . Example: ter "R" if the and regulat	or authorizatio ovies" or "bask idcast live, ent station broadc ion's location (ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect c	ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 m was substituted for prog luring the accounting peric	neral instruct am titles, for e "No." e station is lit e station is id e program. Us r cable syste l:15 p.m. to 6 ramming that od; enter the l	ions for fu example, " censed by entified). se numera m. List the :28:30 p.r : your syst etter "P" if	ther informa I Love Lucy' the FCC or, als, with the times accur n. should be rem was <i>req</i> f the listed pr	ation. For in month rately <i>uired</i>		
	effect on October 19, 1976				WHEN SUBSTITUTE					
	SUBSTITUTE PROGRAM					CARRIAGE OCCURRED 7				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то			
							_			
							_			
							_			
					·					
			+							
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					·					
						·····				
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Accounting Period:	2020/2 FORM S/	A1-2E. PAGE 6.
Name		YSTEM ID#
	Sac County Mutual Telephone Company	63527
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, se 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.	6,123.66
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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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	52.00 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 \$137,100)	
	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 \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01 .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	
	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	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
	EFT Trace # or TRANSACTION ID # 20210126	
	Important: 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.	

Accounting Period:	2020/2						FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: Itual Telephone Company	ıy				SYSTEM ID# 63527
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	u must give (1) the number of , and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ible system carried television	total numbe ch the cable s	er of activated channe	Is during the ac	counting period.	91
	and nonbroadca	ast services					
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of account		RMATION IS NEEDED) (Identify an inc	lividual to whom	
for Further Information	Name	Melissa Pierce				Telephone	712-668-2200
	Address	108 S Maple St (Number, street, rural route, apartr	tment, or suite	e number)			
		Odebolt, IA 51458 (City, town, state, zip)					
	Email					Fax (optional)	
ο	CERTIFICATION	(This statement of account mu	nust be certi	ified and signed in acc	cordance with C	opyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check o	one, <i>but onl</i> y	<i>y one</i> , of the boxes.)			
	(Owne	r other than corporation or p	partnership	p) I am the owner of the	e cable system a	is identified in line 1 of space	∋ B; or
		of owner other than corporation of space B and that the o		• •		ent of the owner of the cable	system as identified
		er or partner) I am an officer (i ine 1 of space B.	(if a corpora	ation) or a partner (if a	partnership) of th	ne legal entity identified as o	wner of the cable system
		the statement of account and e, and correct to the best of my on 1001(1986)]					in
			X	/s/RONALD SOF	RENSEN		-
				electronic signature on t hature using an "/s/ signa			
		Typed or printed	ed name:	Ronald Sorens	en		
		Title: (Title of of	Manag official position	ler n held in corporation or par	tnership)		
		Date:				01/26/2021	

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 fing, a determination that would be made by a court of law.

ounting Period: 2	020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM ID
County Mut	ual Telephone Company	6352
The Satellite He lowing sentence "In deter service of scribers	CATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
located in the p	aper SA1-2 form.	
-	punting period, did the cable system exclude any amounts of gross receipts for secondary transmissions the carriers to satellite dish owners?	
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
You must comp	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter th	e amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply	x v line 1 by the interest rate* and enter the sum here	
	x days	
Line 3 Multiply	line 2 by the number of days late and enter the sum here	
.,	line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	
	(interest charge) e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
-	e filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First community Accounting peri		

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