This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

~~ • ~~ •				Return completed workbook by email to:		
	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to.		
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov		
-	ems (Short Form)	2/10/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:		
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	rYY/(Period))			
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	20202	Barcode Data Filing Period (optional -	- see instructions)			
Accounting Period						
В	Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		idiary of another corporation, give the full co	prporate		
Owner	List any other name or names under whic	h the owner conducts the business of t	he cable system.			
	If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should ting period.	submit a		
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	63677		
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM				
	Northland Communications, Inc.					
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	PO Box 66 (Number, street, rural route, apartment, or suite nu	umber)				
	Clear Lake, IA 50428 (City, town, state, zip)					

City, town, state, zip code)

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

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

Number, street, rural route, apartment, or suite number)

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

С

System

1

2

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II				
Name	Northland Communications, Inc.	6367				
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter kno				
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
	CITY OR TOWN	STATE				
First Community	Mason City	A.				
dd Rows as Necessary						

								FORM SA1	TEM II
Name	LEGAL NAME OF OWNER OF C							515	636
	Northland Communicat	ions, inc.							
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES				
Е	In General: The information in s	-		-		•			
Secondam/	system, that is, the retransmission about other services (including p								
Secondary Fransmission	last day of the accounting period	, , ,			,		lilose exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondary	y transmission	service	. In general, yo	u can con	pute the numb	er of subso	ribers in	
Rates	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	-	-	•				-	
	category, but do not include disc	· · ·			ing standa		is within a		
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	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								
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is						service is		
	sufficient.	DCK 1	K 1 BLOCK 2					()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		12	\$33.95					
	 Service to additional set(s) 		17	\$4.95					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		1	42.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
F	In General: Space F calls for rate					Il your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	billou: If ally to				regram buolo,	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
	CATEGORY OF SERVICE	BLO RATE	-	ORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:	INAL		ation: Non-res		INAIL	CAILO	ORT OF SERVICE	
	• Pay cable			tel, hotel			Cinema	ax Plex	\$14
	• Pay cable—add'l channel			nmercial			HBO P		\$18
	Fire protection			/ cable				Cinemax	\$32
	•Burglar protection		-	/ cable-add'l ch	annel				\$14
	Installation: Residential			protection		Showtime Plex Starz Plex			\$12
	First set	\$99.95		glar protection					· · · -
	Additional set(s)	\$99.95 \$76.00		services:					ł
	• FM radio (if separate rate)	φ10.00		connect		\$35.00			h
	• Converter			connect		Ψ			ł
	Converter					\$76.00			ł
				tlet relocation ve to new addro	999	\$99.95			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE				
lame	Northland Communic	cations, Inc.		6				
	PRIMARY TRANSMITTERS: TELEVISION							
G imary	carried by your cable syste FCC rules and regulations	entify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61)	 stations carried only on a part carriage of certain network prog 	t-time basis under grams [sections				
smitters: evision	substitute program basis, a Substitute Basis Stations basis under specific FCC re	as explained in the next paragraph. s: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the	ried by your cable system on a s	substitute program				
	station was carried <i>only</i> or • List the station here, and basis. For further information		both on a substitute basis and al see page (v) of the general instru	lso on some other ictions.				
	multicast stream associate "WETA-2" as the same on	ed with a station according to its over-the-a the form.	air designation. For example, re	port multistream				
	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), "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				
	КІМТ	3	Ν	MASON CITY IOWA				
	KIMT-MY3.2	3.2	N-M	MASON CITY IOWA				
s as Necessary	KIMT-ION	39	N-M	MASON CITY IOWA				
	KIMT 3.4	3.4	N-M	MASON CITY IOWA				
	KIMT 3.4 KAAL	6	N-M	MASON CITY IOWA				
	KAAL	6	N	AUSTIN MINNESOTA				
	KAAL KAAL 6.2	6 6.2	N N-M	AUSTIN MINNESOTA AUSTIN MINNESOTA				
	KAAL KAAL 6.2 KXLT	6 6.2 47	N N-M N	AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA				
	KAAL KAAL 6.2 KXLT KXLT 47.2	6 6.2 47 47.2	N N-M N N-M	AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA				
	KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3	6 6.2 47 47.2 47.3	N N-M N-M N-M	AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA				
	KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4	6 6.2 47 47.2 47.3 47.4	N N-M N-M N-M N-M	AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA				
	KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5	6 6.2 47 47.2 47.3 47.4 47.5	N N-M N-M N-M N-M N-M	AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA				
	KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC	6 6.2 47 47.2 47.3 47.4 47.5 10	N N-M N-M N-M N-M N-M	AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA				
	KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW	6 6.2 47 47.2 47.3 47.4 47.5 10 10.2	N N-M N-M N-M N-M N-M N-M I	AUSTIN MINNESOTA AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA				
	KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3	6 6.2 47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4	N N-M N-M N-M N-M N-M N N N N N	AUSTIN MINNESOTA AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA				
	KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4 KTTC 10.5	6 6.2 47 47.2 47.3 47.4 47.5 10 10.2 10.3	N N-M N-M N-M N-M N-M N N N N N N-M N-M	AUSTIN MINNESOTA AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA				
	KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4 KTTC 10.5 KYIN	6 6.2 47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5 11	N N-M N-M N-M N-M N-M N I N-M N-M N-M N-M E	AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA				
	KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4 KTTC 10.5 KYIN KYIN11.2	6 6.2 47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5 11 11.2	N N-M N-M N-M N-M N-M 1 1 N-M N-M E E E-M	AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA				
	KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC 10.3 KTTC 10.4 KTTC 10.5 KYIN KYIN11.2 KYIN11.3	6 6.2 47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5 11 11.2 11.3	N N-M N-M N-M N-M N-M N N N N N N-M E E E-M E-M	AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA				
	KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4 KTTC 10.5 KYIN KYIN11.2	6 6.2 47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5 11 11.2	N N-M N-M N-M N-M N-M 1 1 N-M N-M E E E-M	AUSTIN MINNESOTA AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA				

all-band basis whose signals were generally receivable by your cable system during the accounting period. 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, Prime	LEGAL NAME OI Northland C								SYSTEM 636
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. Transm For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Transm Source SA1-2 form. 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	n General: Lis	t every radio s	station ca	arried on a separate and discr					Н
	eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein to the Co sign of of the static ion's sign g a chech n's locati	atem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	It the system's he system's FM ante this point, see par sed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	0411 0/01		0/5				0/5		
ONE Image: Ima		AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	ONE								
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Name N S Substitute e	EGAL NAME OF OWNER OF	A + F						
Substitute	Northland Communica							SYSTEM ID# 63677
Ir Substitute		ations, in						030//
Substitute e	SUBSTITUTE CARRIAGE	-	-					
Substitute e	n General: In space I, identi substitute basis during the a							
_ · ·	explanation of the programm							
Carriage: 1	. SPECIAL STATEMENT				0			
Special .	During the accounting per	riod, did yo	ur cable syster	n carry, on a substitute ba	sis, any nonr	network te	elevision pro	gr <u>am</u>
	proadcast by a distant stat	tion?					YES	× NO
N	lote: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	nust com	plete the pro	ogram
lc	og in block 2.		·					0
P u D "1 tr fii tc s v v	eriod, was broadcast by a inder certain FCC rules, re to not use general categor NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa he case of Mexican or Can Column 5: Give the mor rst. Example: for May 7 give Column 6: State the time of the nearest five minutes. tated as "6:00–6:30 p.m."	of every no distant sta gulations, of ies like "mo Bulls." m was broa sign of the adcast stati addian stati and a stati of the addast stati for the addast stati es when the Example: er "R" if the and regulat mming that	connetwork tele tion and that y or authorization povies" or "bask dcast live, entr station broadc on's location (f ons, if any, the v when your sy e substitute pri a program carr e listed program ions in effect d	vision program ("substitute our cable system substitut ns. See page (v) of the gene etball." List specific progra er "Yes." Otherwise enter ' casting the substitute progra- the community to which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for prog- luring the accounting period	ed for the pro neral instruct im titles, for e 'No." am. e station is lid e program. Us r cable systen :15 p.m. to 6 ramming that id; enter the l	ogrammin ions for fu example, " censed by entified). se numera m. List the :28:30 p.r : your syst etter "P" if	g of anothe In the rinform 'I Love Lucy the FCC of als, with the times accu- n. should be tem was req f the listed p	r station pation. " or r, in month prately e guired
_		WHEN SUBSTITUTE CARRIAGE OCCURRED 7			7. REASON FOR			
_	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
					·			
								·····
					·			·····
								·····
-								

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Northland Communications, Inc.		63677
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	3,189.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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.	263,800	
	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 accounting period is \$52.00	this 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	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 \$ 263,800.00		
	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	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: Northland Communications, Inc.	SYSTEM ID# 63677
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	21 177
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Sarah McChesney Telephone 641-3	357-2111
	Address PO Box 66 (Number, street, rural route, apartment, or suite number) Clear Lake, IA 50428 (City, town, state, zip) Email cltelacctg@cltel.com Fax (optional) 641-357-8800	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (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 (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 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/ Thomas A. Lovell 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: Thomas A. Lovell Title: General Manager (Title of official position held in corporation or partnership)	
	Date: 2/9/2021	

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	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
thland Communications, Inc.	6367
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.	P Special Statement Concerning Gross Receipts Exclusion
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. \$	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
^	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
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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 the 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.