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				
7/13/21	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20211 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
		Dumont Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 349
		(Number, street, rural route, apartment, or suite number)
		Dumont, IA 50625-0349 (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 is 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	(Wumber, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Dumont Telephone Company	312
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Dumont	IA
Community	Allison	iA
	Parkersburg	IA
Rows as Necessary	Geneva	IA
	Hampton	IA

Accounting Period: 2021/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

31293

Dumont Telephone Company

E

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	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	Basic Pkg = 281	\$120.60/mth	Local Basic Pkg	56	\$43.35/n
Service to additional set(s)	Non-DVR = 133	\$3.95/mth	Basic Pkg (Gen/Hamp)	9	\$118.65/
• FM radio (if separate rate)			Local Basic Pkg (Gen/Ham	3	\$41.40/r
Motel, hotel	Basic Pkg = 1	\$240/mth	Additional DVR	2	\$5.95/m
Commercial	Basic Pkg = 1	\$124/mth	Commercial - Basic Pkg	1	\$170/m1
Converter			Commercial - Basic Pkg	1	\$320/m1
Residential					
Non-residential					
					•

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$14.95	Motel, hotel	PP	NFL RedZone HD	\$40.00
 Pay cable—add'l channel 	\$14.95	Commercial	PP	Live USB Adapter	\$1.00
Fire protection		• Pay cable	\$10		
•Burglar protection		 Pay cable-add'l channel 	\$10.00		
Installation: Residential		Fire protection			
• First set	\$50.00	Burglar protection			
 Additional set(s) 	PP	Other services:			
 FM radio (if separate rate) 		Reconnect	\$35.00		
Converter		Disconnect			
		Outlet relocation	PP		
		 Move to new address 	\$50.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Dumont Telephone Company

31293

G

Primary Transmitters: Television

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 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 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 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 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCRG-TV	9	N	Cedar Rapids, IA
KCRGDT		N-M	Cedar Rapids, IA
KCRGDT2		N-M	Cedar Rapids, IA
KCRGDT3		N-M	Cedar Rapids, IA
KCRGDT4		N-M	Cedar Rapids, IA
KCRGDT5		N-M	Cedar Rapids, IA
KCRGDT6		N-M	Cedar Rapids, IA
KFXA	28	N	Cedar Rapids, IA
KFXADT		N-M	Cedar Rapids, IA
KFXADT2		N-M	Cedar Rapids, IA
KFXADT3		N-M	Cedar Rapids, IA
KFXADT4		N-M	Cedar Rapids, IA
KGAN	2	N	Cedar Rapids, IA
KGANDT		N-M	Cedar Rapids, IA
KGANDT2		N-M	Cedar Rapids, IA
KGANDT3		N-M	Cedar Rapids, IA
KPXR-TV	48	N	Cedar Rapids, IA
KPXRDT		N-M	Cedar Rapids, IA
KPXRDT2		N-M	Cedar Rapids, IA
KPXRDT3		N-M	Cedar Rapids, IA
KDIN	11	E	Des Moines, IA
KDINDT		E-M	Des Moines, IA
KDINDT2		E-M	Des Moines, IA
KDINDT3		E-M	Des Moines, IA

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31293

Dumont Telephone Company

G

Primary Transmitters: Television 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 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 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 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 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 KDINDT4 KWKB KWKBDT KWKBDT2 KWWL	2. B'CAST CHANNEL NUMBER 20	3. TYPE OF STATION E-M N N-M	4. LOCATION OF STATION Des Moines, IA lowa City, IA
KWKB KWKBDT KWKBDT2	20	N	lowa City, IA
KWKBDT2	20		
KWKBDT2		N-M	
			Iowa City, IA
KWWL		N-M	Iowa City, IA
	7	N	Waterloo, IA
KWWLDT	,,	N-M	Waterloo, IA
KWWLDT2		N-M	Waterloo, IA
KWWLDT3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N-M	Waterloo, IA
KWWLDT4		N-M	Waterloo, IA
KWWLDT5		N-M	Waterloo, IA
кссі	8	N	Des Moines, IA
KCCIDT	,,	N-M	Des Moines, IA
KCCIDT2		N-M	Des Moines, IA
KCCIDT3		N-M	Des Moines, IA
KCWI	23	N	Des Moines, IA
KCWIDT		N-M	Des Moines, IA
KCWIDT2		N-M	Des Moines, IA
KCWIDT3	,,,	N-M	Des Moines, IA
KDMI	56	N	Des Moines, IA
KDSM	17	N	Des Moines, IA
KDSMDT		N-M	Des Moines, IA
KDSMDT2		N-M	Des Moines, IA
KDSMDT3		N-M	Des Moines, IA
KDSMDT4		N-M	Des Moines, IA

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID# 31293

Dumont Telephone Company

G

Primary Transmitters: Television

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 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 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 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 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
KFPX-TV	39	N	Des Moines, IA
KFPXDT		N-M	Des Moines, IA
KFPXDT2		N-M	Des Moines, IA
KFPXDT3		N-M	Des Moines, IA
wно	13	N	Des Moines, IA
WHODT		N-M	Des Moines, IA
WHODT2		N-M	Des Moines, IA
WHODT3		N-M	Des Moines, IA
WHODT4		N-M	Des Moines, IA
woı	5	N	Des Moines, IA
WOIDT		N-M	Des Moines, IA
WOIDT2		N-M	Des Moines, IA
WOIDT3		N-M	Des Moines, IA

Accounting Period: 2021/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Dumont Telephone Company

31293

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.

H

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
KLMJ-104.9	EM		Hampton, IA				
KLIVIJ-104.9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	riampton, iA				
	 	 					
	 	 					
	 	 					
	 	 					
	 	 					
	 						
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Accounting Perio	od: 2021/1						F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Dumont Telephone Co	ompany						31293
 Substitute	In General: In space I, iden substitute basis during the a	tify every no accounting p	nnetwork telev period, under sp	ENT AND PROGRAM LO ision program, broadcast by pecific present and former Fr in this log, see page (v) of the	a distant stat CC rules, regi	ulations, c	r authoriz	ations. For a further
Carriage:	1. SPECIAL STATEMEN				g			
Special		_		m carry, on a substitute ba	sis, any nonn	etwork te	elevision p	orogram
Statement and Program Log	broadcast by a distant sta	ation?					YE	s × NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	"Yes," you n	nust com	plete the	
	log in block 2.							
	clear. If you need more sp. Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 4: Give the call Column 5: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	stitute prograce, please of every not a distant stategulations, iries like "mo sign of the addast statinth and day ive "5/7." les when th . Example: ter "R" if the and regulatemming that	am on a sepan add additional add additional connetwork teletion and that your authorization ovies" or "bask addast live, entitation broad on's location (ons, if any, they when your sy e substitute program care listed program ions in effect of	rate line. Use abbreviations of rows to the tables. Exision program ("substitute rour cable system substitute from See page (v) of the generated in See page (v) of t	program") the d for the program instruction titles, for each No." am. e station is lice station is lice program. Use cable system: 15 p.m. to 6 camming that d; enter the lice in the li	nat, during ogrammin ons for fu eensed by entified). se numer m. List the :28:30 p.i your sys etter "P" i	g the according of another information of the FCC als, with the times according to the lister was referenced from the lister of	ounting ner station rmation. icy" or or, in he month courately be required d program
	S	UBSTITUT	E PROGRAN	1		N SUBST	TITUTE CURRED	7. REASON FOR
	TITLE OF PROGRAM		3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES T	DELETION
		Tes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROW		0
								
		T						

	2021/1				SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Dumont Telephone Company			,	SYSTEM I 312
	GROSS RECEIPTS				
K	Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the				
Pross Receipts	(as identified in space E) during the accounting period. For a further explanati 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				33,865.89 ross receipts)
	COPYRIGHT ROYALTY FEE				
L	Instructions: To compute the royalty fee you owe:				
Copyright Royalty Fee	 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 			263,800	
	See page (vi) of the general instructions located in the paper SA1-2 form for more				
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	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 it	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE				
	Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	\$	233,865.89	-	
	3. Subtract line 2 from line 1	\$	29,934.11	_	
	4. Enter the amount of gross receipts from space K		\$	233,865.89	
	5. Enter the amount from line 3		. \$	29,934.11	
	6. Subtract line 5 from line 4		\$	203,931.78	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,019.66
	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		\$	1,019.66
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26:	3,800 (but	less than \$527	,600)	
	4. Extensiting amount of group respirite from appeal K				
	Enter the amount of gross receipts from space K Base amount under statutory formula			=	
	·		203,000.00	=	
	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 DU	JE			
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,019.66	
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	
					1 222 22
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,039.66
	Important: Your remittance must be in the form of an electronic pay		his 45 4h 5 Danis		1-4-1

Accounting Period: 2021/1 FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Dumont Telephone Company				SYSTEM ID# 31293
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. 303				
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) 857-3211
	Address 506 Pine St, PO Box 349 (Number, street, rural route, apartment, or suite number)				
	Dumont, IA 50625-0349 (City, town, state, zip)				
	Email	rogerkr@dumor	nttelephone.com	Fax (optional) (641) 857-33	300
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)				
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)				
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or				
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or				
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.				
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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/ Roger Kregel 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: Roger Kregel		
	Title: General Manager (Title of official position held in corporation or partnership)				
		Date:		7/13/21	

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.

Accounting Period: 2021/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 31293 **Dumont Telephone Company** 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name 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. **Interest Assessment** davs 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 * 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. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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