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:	
	ary Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li><u>coplicsoa@copyright.gov</u></li> </ul>
General instru	ems (Short Form) uctions are located	8/5/21	\$	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	'YYY/(Period))	
	2021/1	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 whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty f		n the last day of the accounting period should nting period.	d submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	60173
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	Λ	
	RIVER VALLEY TELECOMMUNICA	TIONS COOP		
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Τ)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO BOX 250 (Number, street, rural route, apartment, or suite r	number)		
	GRAETTINGER, IOWA 513 (City, town, state, zip)	42		
С	<b>INSTRUCTIONS:</b> In line 1, give any busi names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:	_, g		
	1			
	MAILING ADDRESS OF CABLE SYSTEN	1:		
	2 (Number, street, rural route, apartment, or suite r	umber)		
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this

Final of Notice: Section 111 of title 17 of the United States Code autonorzes the Copyright Office to collect the personally identifying information (Pil) 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	RIVER VALLEY TELECOMMUNICATIONS COOP	601
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including singlu I list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	GRAETTINGER	IOWA
Community	WALLINGFORD	IOWA
	RUTHVEN	IOWA
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 6017
		OMMUNICA	TIONS	S COOP					0017
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s					y transmission	service of t	he cable	
	system, that is, the retransmission								
Secondary Fransmission	about other services (including particular about other services (including particular about the second particular						those exist	ing on the	
Service: Sub-	Number of Subscribers: Bot	·				,	ble svstem	. broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n							charged	
	separately for the particular serv					•	,		
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·		,	iny stanua		is within a		
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			0		•			
	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 f	rom those	
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	ore secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-ł	hand block. A t	vo- or thre	e-word descrip	tion of the s	service is	
	sufficient.	DCK 1			1		BLOCK	· •	
	DLU	NO. OF	:				BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		208	95.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									Î
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra		,		•				
ſ	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services		-		0		• • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	,		0		0	
ransmissions:	Block 1: Give the standard ra			-		• •			
Rates	Block 2: List any services that	• •			-	-	•		
	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.							e ionn or a	
		BLO				DATE		BLOCK 2 DRY OF SERVICE	DATE
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable			tel, hotel	luentiai		STARZ		10.00
	• Pay cable—add'l channel			mmercial			HBO		17.50
							CINEM	~~	14.50
	Fire protection			y cable	annel		CINEN	~~	14.30
	•Burglar protection Installation: Residential			y cable-add'l cł e protection	annen				
				•					
	First set			rglar protection					
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>			services: connect					
	- FIVITAUIO (II SEDATALE TALE)		• Ke	CONTRECT					I
	, , ,		- D:	conne -t					I
	• Converter								
	, , ,		• Ou	connect tlet relocation ve to new addr					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM					
me				601					
	PRIMARY TRANSMITTERS: TELEVISION								
G	In General: In space G, ide carried by your cable system	entify every television station (including m during the accounting period, <i>except</i>	(1) stations carried only on a part-ti	me basis under					
nary	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								
nitters:	substitute program basis, a	s explained in the next paragraph.							
elevision		: With respect to any distant stations ca les, regulations, or authorizations:	arried by your cable system on a sub	ostitute program					
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th a substitute basis.		6,					
		also in space I, if the station was carried on concerning substitute basis stations,							
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	program services such as HBO, ESP	N, etc. Identify each					
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the	e-air designation. For example, repo	rt multistream					
		el number the FCC assigned to the tele	vision station for broadcasting over t	the air in its community					
		RC is channel 4 in Washington, D.C.							
		case whether the station is a network sering the letter "N" (for network), "N-M" (	•						
		"E" (for noncommercial educational), o		<b>,</b>					
		erms, see page (iv) of the general instru		· · · · · ·					
		n of each station. For U.S. stations, list dian stations, if any, give the name of th	-						
			ie community with which the station						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	κτιν	4	N	SIOUX CITY, IOWA					
	KTIV KPTH	4 44	N N	SIOUX CITY, IOWA SIOUX CITY, IOWA					
essary									
essary	KPTH	44	N	SIOUX CITY, IOWA					
cessary	KPTH KMEG	44 14	N	SIOUX CITY, IOWA SIOUX CITY, IOWA					
vecessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
lecessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
; Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
is Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
is Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
15 Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
s Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
s Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
s Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
is Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
is Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
15 Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
IS Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
is Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
15 Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
IS Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
IS Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
IS Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					
IS Necessary	KPTH KMEG KTIN	44 14 21	N N E	SIOUX CITY, IOWA SIOUX CITY, IOWA DES MOINTES, IOWA					

EGAL NAME OF								SYSTEM I 601
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein to the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. 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 his point, see pag ed by the cable s le station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
0411 01511		<b>A</b> /=			A	<b>C</b> (=		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<u> </u>						
		<u> </u>						

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5.
Norma	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	RIVER VALLEY TELEC	COMMUN	ICATIONS C	COOP				60173
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	tify every not	nnetwork televi eriod, under sp	<i>ision program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, o	r authorizatio	ons. For a further
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	<ul> <li>During the accounting per</li> </ul>	-			sis. anv nonr	network te	levision prod	aram
Statement and Program Log	broadcast by a distant sta	•	,	<b>,</b>	, <b>,</b>		YES	
Flogram Log	,				"X "			
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the pro	gram
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if	their meanir	ng is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy	" or
	"NBA Basketball: 76ers vs.		depet live opt	or "Voo" Othorwigo optor	"No."			
				er "Yes." Otherwise enter ' asting the substitute progr				
	Column 4: Give the broa	adcast stati	on's location (	the community to which th	e station is lie		the FCC or	, in
	the case of Mexican or Car						1	
	first. Example: for May 7 gi	•	when your sy	stem carried the substitute	e program. U	se numera	als, with the	month
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accu	rately
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should be	•
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	romming that	vour evet	om was rea	uired
	to delete under FCC rules a							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regu	lations in	-
	effect on October 19, 1976							
	S		E PROGRAM	1		N SUBST AGE OCC		7. REASON FOR
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	7. REASON FOR DELETION
		UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCO	CURRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	RIVER VALLEY TELECOMMUNICATIONS COOP		60173
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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.	nission service amount, se	l,917.56
_	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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 th accounting period is \$52.00	nis 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 \$137,10	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 \$527,6	300)	
	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)		
	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 For and			
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 #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RIVER VALLEY TELECOMMUNICATIONS COOP	SYSTEM ID# 60173
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 .	5 176
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Telephone	
	Address Address (Number, street, rural route, apartment, or suite number) (City, town, state, zip) Email Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as over in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereid are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> Example of the regulation of the statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)       Typed or printed name: MICHAEL J BROWN       Title: PRESIDENT       (Title of official position heid in corporation or partnership)	system as identified vner of the cable system
	Date: 7-26-2021	

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
/ER VALLEY TELECOMMUNICATIONS COOP	60173
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: <ul> <li>"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? NO NO</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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 Assessment
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	_
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	_
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	
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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	

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