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

STATEMENT OF ACCOUNT			FOR COPYRIGHT OFFICE USE ONLY by email to:						
		ansmissions by	DATE RECEIVED	AMOUNT					
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			07/27/21	\$ ALLOCATION NUMBER	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
	1								
A	ACC	2021/1	BY THIS STATEMENT: (YY	YYY/(Period)) Period 2 = July 1 - December 31					
Accounting Period		20211	Barcode Data Filing Period (optiona	I - see instructions)					
B Owner		the subsidiary, not that of the parent corp List any other name or names under which	oration.	liary of another corporation, give the full corp le cable system. he last day of the accounting period should su					
		statement of account and royalty fee payn	nent covering the entire accounting pe	riod.	61429				
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM						
		MidlandsNet LLC							
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO Box 330 (Number, street, rural route, apartment, or suite n	umber)						
		Remsen, IA 51050 (City, town, state, zip)							
С		RUCTIONS: In line 1, give any busin		ntify the business and operation of the					
System	name	s already appear in space B. In line :	2, give the mailing address of th	e system, if different from the address	i given in space B.				
System	1	MidlandsNet LLC dba Wes	Tel Systems						
		MAILING ADDRESS OF CABLE SYSTEM							
	2	(Number, street, rural route, apartment, or suite n	umber)						
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	MidlandsNet LLC	61429						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Area		ome parks should be reported in parentheses below the identified						
Served	ICITY							
	CITY OR TOWN	STATE						
First	Marcus	IA						
Community	Quimby	IA III						
	Sutherland/Calumet Alton	IA						
Rows as Necessary	Remsen/Oyens	IA IA						
	Keinsen/Oyens	<u>~</u>						
- - - - -								

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							-2E. PAGE
Name									6142
	MidlandsNet LLC								••••
-	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND RA	TES				
Е	In General: The information in s	•		Ũ		•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						liiose exis	ung on the	
Service: Sub-							ble system	n, broken	
scribers and	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	•	<i>,</i>	0 , (s charged	
	separately for the particular serv Rate: Give the standard rate of							de and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			•		0			
	subscriber who pays extra for ca						•		
	first set" and would be counted of							.	
	Block 2: If your cable system printed in block 1 (for example, t	0							
	with the number of subscribers a								
	sufficient.		o ngini n			o			
	BLO	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:						-		
	Service to first set		1,363	24.95	Retrans	smission Fee	•		21.8
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemie					,	
_	In General: Space F calls for rate					ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are	not offered in	combinatio	on with any seco	ondary trar	nsmission	
	service for a single fee. There are	•			0		0.	,	
Services Other Than	furnished at cost or (2) services								
Secondary	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.								
Transmissions:	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 (hue, or three word) description and include the rate for each								
	brief (two- or three-word) description and include the rate for each.						<u></u>		
		BLO			" 05	DATE	0.4750	BLOCK 2	
	CATEGORY OF SERVICE	RATE		BORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable			tel, hotel	uentiai				
	Pay cable—add'l channel		•	nmercial					
	Fay cable—add i channel Fire protection		-	/ cable					
	•Burglar protection		· ·	/ cable-add'l ch	annel				
	Installation: Residential		· ·	e protection					
	• First set	\$25		glar protection					•••••
	Additional set(s)	ΨĽĴ		services:					
	• FM radio (if separate rate)			connect		25.00			
	• Converter		•	connect		20.00			
			1	tlet relocation					
			• Mo	ve to new addre	ess	25.00			

	LEGAL NAME OF OWNER O			SYSTE
Name	MidlandsNet LLC			6
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC rules	lentify every television station (including tra em during the accounting period, <i>except</i> (7 i in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. s: With respect to any distant stations carrivules, regulations, or authorizations: re in space G—but do list it in space I (the	 stations carried only on a part-tin e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub 	me basis under ams [sections tions carried on a ostitute program
	station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	n a substitute basis. also in space I, if the station was carried b ion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a	both on a substitute basis and also bee page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, report ision station for broadcasting over t tration, an independent station, or a for network multicast), "I" (for independent "E-M" (for noncommercial education tions in the paper SA1-2 form. the community to which the station i	o on some other ons. N, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTIV-S	4.1	N	SIOUX CITY, IA
	KTIV-2	4.2	N-M	SIOUX CITY, IA
Rows as Necessary	KTIV-2	4.3	N-M	SIOUX CITY, IA
Rows as necessary ,	KTIV-4	4.4	N-M	SIOUX CITY, IA
	KCAU-S	9.1	N	SIOUX CITY, IA
	KCAU-2	9.2	N-M	SIOUX CITY, IA
	KCAU-3	9.3	N-M	SIOUX CITY, IA
	KCAU-4	9.4	N-M	SIOUX CITY, IA
	КРТН-3	44.3	N	SIOUX CITY, IA
	KMEG-2	14.2	N-M	SIOUX CITY, IA
	KMEG-1	14.1	N-M	SIOUX CITY, IA
	KMEG-3	14.3	N-M	SIOUX CITY, IA
	KSIN-S	27.1	E	SIOUX CITY, IA
				SIOUX CITY, IA
	KSIN-2	27.2	E-M	
	KSIN-2 KSIN-3	27.2 27.3	E-M E-M	SIOUX CITY, IA
	KSIN-3	27.3	E-M	SIOUX CITY, IA
	KSIN-3 KSIN-4	27.3 27.4	E-M E-M	SIOUX CITY, IA SIOUX CITY, IA

EGAL NAME OF		ADLE 9						SYSTEM
								614
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio on's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MidlandsNet LLC							61429
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
•	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting per 	•	r cable system	carry, on a substitute basi	is, any nonne	twork telev I	ision progran	
Program Log	broadcast by a distant sta	tion?				l	YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complet	te the progra	m
	log in block 2.		Me					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sihle if the	ir meaning is	
	clear. If you need more spa						in meaning is	2
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a			2		•		
	under certain FCC rules, re Do not use general categor							n.
	"NBA Basketball: 76ers vs.	Bulls."		r "Yes." Otherwise enter "N			ove Lucy of	
				sting the substitute progra				
	Column 4: Give the broa	adcast statio	on's location (th	e community to which the	station is lice	,	e FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give		when your syst	tem carried the substitute	program. Use	numerais,	with the mor	าถา
			e substitute pro	gram was carried by your	cable system.	List the tir	nes accurate	lv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	ar "D" if the	listed are grown	was substituted for progra	manning that w	aur austam		. d
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.		-			-		
		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA			7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
		+					_	
							_	
							_	
							_	
					11			4

Accounting Period:	2021/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MidlandsNet LLC	SYSTEM ID# 61429
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	sion service
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 \$26 • 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	3,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00 Line 1. Royalty fee for accounting period	s six-month
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	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	0.00
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	2,364.85 1,319.00 0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 3,683.85
Filing Fee and Total Remittance Due		3,683.85 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,703.85
	EFT Trace # or TRANSACTION ID # 26SQV9L0 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 C MidlandsNet L	WNER OF CABLE SYSTEM: LC			SYSTEM ID# 61429			
M Channels	to its subscriber	s, and (2) the cable system's tota	channels on which the cable system carried to al number of activated channels during the a					
	1. Enter the total number of channels on which the cable 25 system carried television broadcast stations 25							
		I number of activated channels cable system carried television b	proadcast stations		35			
	and nonbroa	dcast services						
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.)	R INFORMATION IS NEEDED (Identify an in)	dividual to whom				
for Further Information	Name	Robert Gannon		Telephone	712-786-1181			
mormation	Address	PO Box 330						
		(Number, street, rural route, apartment	it, or suite number)					
		Remsen, IA 51050 (City, town, state, zip)						
	Email	bgannon@westels	systems.com	Fax (optional 712-786-240	0			
	CERTIFICATION	(This statement of account must l	be certified and signed in accordance with C	opyright Office regulations)				
O Certification	• I, the undersigne	d, hereby certify that (Check one, <i>i</i>	but only one, of the boxes.)					
	(Owne	r other than corporation or partr	nership) I am the owner of the cable system a	s identified in line 1 of space E	3; or			
			n or partnership) I am the duly authorized age wner is not a corporation or partnership; or	ent of the owner of the cable s	ystem as identified			
	 (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. 							
		te, and correct to the best of my kr	eby declare under penalty of law that all statem nowledge, information, and belief, and are mad					
		-	X /s/ Robert Gannon					
			nter an electronic signature on the line above to c tter signature using an "/s/ signature" (e.g., /s/ Jo					
		Typed or printed na	ame: Robert Gannon					
			EO of official position held in corporation or partnership)					
		Date:		7/27/21				

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	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
dlandsNet LLC	61429
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
OwnerAddress	
Address	

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