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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>
	ctions are located of this workbook	7/13/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
A	2021:	Barcode Data Filing Period (optional	- see instructions)	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20211 Barcode Data Filing Period (optional - see instructions)
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
		ALPINE CABLE TELEVISION LC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 1008 (Number, street, rural route, apartment, or suite number)
		ELKADER, IA 52043 (City, town, state, zip)
-	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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	(Number, 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 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 I
Hame	ALPINE CABLE TELEVISION LC	632
D	Instructions: List each separate community served by the cable system. A "comm "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	d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	ile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ELKADER	IA
Community		
dd Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM ID
	ALPINE CABLE TELEV	ISION LC							6322
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	TES				
E	In General: The information in s	•		-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						inose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n			•••		•		charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	e and the	
	unit in which it is generally billed	-	-	•					
	category, but do not include disc	counts allowed	for adva	nce payment.					
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additiona	al sets would b	e includeo	d in the count ur	der "Servio	ce to the	
	first set" and would be counted o								
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,		
	sufficient.		5						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:				0,111			000001100	
	Service to first set		48	48.95	ESSEN	TIALS PACK	AGE	137	67.0
	 Service to additional set(s) 				PREMI	ER PACKAG	E	73	77.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					Il vour cable sv	stem's serv	ices that were	
F	not covered in space E, that is, t		,		•				
	service for a single fee. There are	•			•				
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	les are cr	larged on a vari	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a	separate charg		ade or establ	shed. List	these other ser	vices in the	e form of a	
	brief (two or three word) description	tion and inclus		to for each					
	brief (two- or three-word) descrip			te for each.					
		BLO	CK 1			D 475	0.175.00	BLOCK 2	
	CATEGORY OF SERVICE		CK 1 CATEG	ORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEG Installa	ORY OF SER tion: Non-res		RATE		ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEG Installa • Mote	ORY OF SER tion: Non-res		RATE	CINEM	ORY OF SERVICE	RATE 16.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEG Installa • Mote • Com	ORY OF SER t ion: Non-res el, hotel ımercial		RATE	CINEM/ HBO	ORY OF SERVICE	16.0 18.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEG Installa • Moto • Con • Pay	ORY OF SER tion: Non-res el, hotel ımercial cable	dential	RATE	CINEM/ HBO SHOWT	ORY OF SERVICE	16.0 18.0 17.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEG Installa • Mote • Con • Pay • Pay	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch	dential	RATE	CINEM/ HBO	ORY OF SERVICE	16.0 18.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOO	CK 1 CATEG Installa • Moto • Com • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	dential	RATE	CINEM/ HBO SHOWT	ORY OF SERVICE	16.0 18.0 17.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CK 1 CATEG Installa • Mote • Corr • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch	dential	RATE	CINEM/ HBO SHOWT	ORY OF SERVICE	16.0 18.0 17.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOO	CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	dential	RATE	CINEM/ HBO SHOWT	ORY OF SERVICE	16.0 18.0 17.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO	CK 1 CATEG Installa • Moto • Com • Pay • Pay • Fire • Burç Other s • Rec	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	dential		CINEM/ HBO SHOWT	ORY OF SERVICE	16.0 18.0 17.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOO	CK 1 CATEG Installa • Motu • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'I ch protection glar protection ervices: onnect	dential		CINEM/ HBO SHOWT	ORY OF SERVICE	16.0 18.0 17.0

N	LEGAL NAME OF OWNER OF			SYSTEM
Name	ALPINE CABLE TELE			632
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: relevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her	entify every television station (including t 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 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th	(1) stations carried only on a part the carriage of certain network progent (e)(2) and (4))]; and (2) certain st urried by your cable system on a sub- tried by your cable system on a sub-	-time basis under rams [sections ations carried on a ubstitute program
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr id with a station according to its over-the- the form. nel number the FCC assigned to the telev	see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	ctions. SPN, etc. Identify each port multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list adian stations, if any, give the name of th	for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG	9	N	CEDAR RAPIDS, IA
	KFXA	27	<u> </u>	CEDAR RAPIDS, IA
as Necessary	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
				(°==)
	KRIN	35	E	WATERLOO, IA
			<u>Е</u>	
	KRIN	35	E 1	WATERLOO, IA
	KRIN KWKB KWWF	35 25	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB	35 25 22	E I I N	WATERLOO, IA IOWA CITY, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA
	KRIN KWKB KWWF	35 25 22	l 	WATERLOO, IA IOWA CITY, IA WATERLOO, IA

EGAL NAME O									SYSTEM 632
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li isignal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Sive the statior	y the sys be rece to the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under stem whenever it is received a ived 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 the	at s tř	the system's he ystem's FM ante is point, see pa id by the cable s a station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/5		1			0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	$\left \right $	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CTN	FM		Garnavillo, IA						
				1					
				•					
				1			<u> </u>		
				•					
				1					
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				1					
				•					
				1					
				1			 		
		1		1			 		
							l		

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	FM.					SYSTEM ID#
Name	ALPINE CABLE TELEV							63226
	SUBSTITUTE CARRIAGI	E: SPECIAI	L STATEME	NT AND PROGRAM L	OG			
	In General: In space I, ident	-	-			tion, that y	our cable sy	stem carried on a
	substitute basis during the a	accounting per	eriod, under sp	ecific present and former	FCC rules, reg	ulations, o	r authorizati	ions. For a further
	explanation of the programm				the general in	structions i	n the paper	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
tatement and	During the accounting per		r cable syster	n carry, on a substitute i	asis, any non	network te		-
Program Log	broadcast by a distant sta						YES	X NO
	Note: If your answer is "No log in block 2.	o", leave the r	rest of this pa	ge blank. If your answei	is "Yes," you	must comp	plete the pro	ogram
	2. LOG OF SUBSTITUTE In General: List each subsiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes.	titute program ace, please a of every non a distant static egulations, or ries like "mov . Bulls." m was broadd sign of the si adcast station nadian station nth and day v ive "5/7."	m on a separ add additional nnetwork tele ion and that y r authorization vies" or "bask dcast live, ente station broadc n's location (f ns, if any, the when your sy substitute pro-	rows to the tables. vision program ("substitu our cable system substitu ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter asting the substitute pro the community to which scommunity with which to stem carried the substitute ogram was carried by yo	te program") t uted for the pr eneral instruct ram titles, for o r "No." gram. the station is li he station is li he station is li te program. U ur cable syste	hat, during ogramming tions for fu example, " censed by lentified). se numera m. List the	the accou g of anothe rther inform I Love Lucy the FCC o als, with the	nting r station nation. /" or r, in r, in month urately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the li and regulatio mming that yo	ons in effect d	uring the accounting per	iod; enter the	letter "P" if	the listed p	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the li and regulatio nming that yo i.	ons in effect d our system w	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules	letter "P" if s and regu	the listed p lations in	brogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the li and regulatio mming that yo 5. UBSTITUTE 2. LIVE? 3	ons in effect d our system w	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST	the listed plations in	7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON FC
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON F
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the I and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	uring the accounting per as permitted to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed plations in TITUTE CURRED TIMES	7. REASON FC
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Accounting Period:	2021/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC			S	YSTEM ID# 63226
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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	system's se	condary transm o compute this a	ission service amount, see	2,420.05 Dess receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
		4 1 0			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula				
	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			142,420.05	
	5. Enter the amount from line 3			121,379.95	
	6. Subtract line 5 from line 4			· · · ·	
	7. Multiply line 6 by .005 (enter figure here)				105.20
	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				105.20
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)	
	1. Enter the amount of grace receipte from appace K				
	Enter the amount of gross receipts from space K	¢	263,800.00	<u>.</u>	
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01.			4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			<u> </u>	
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	105.20	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	125.20
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: E TELEVISION LC				SYSTEM ID# 63226
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	and (2) the cable system's number of channels on whic television broadcast stations number of activated channe able system carried televisior	s total number of ch the cable s els n broadcast stati	which the cable system carried television b activated channels during the accounting	period.	8 335
N Individual to Be Contacted		BE CONTACTED IF FURTI bout this statement of accou		FION IS NEEDED (Identify an individual to	o whom	
for Further Information	Name	MARGARET CORLE	ETT		Telephone	(563) 245-4481
	Address	PO BOX 1008 (Number, street, rural route, apar ELKADER, IA 5204: (City, town, state, zip)	13			
	Email	MCORLETTIC		MUNICATIONS.COM Fax (or	ptional)	
O Certification	I, the undersigned (Owne (Agenting (Agenting (Afficial (Afficial (Afficial (Agenting (Agent	ed, hereby certify that (Check r other than corporation or c of owner other than corpor ine 1 of space B and that the er or partner) I am an officer ine 1 of space B. I the statement of account and e, and correct to the best of m	cone, <i>but only one</i> partnership) I a pration or partne owner is not a co r (if a corporation) ind hereby declare	n the owner of the cable system as identifient of the cable system as identifient of the result of the duly authorized agent of the duly agent agent of the duly agent agent of the duly agent age	ed in line 1 of space e owner of the cable s entity identified as ow fact contained hereir	system as identified /ner of the cable system
			Enter an electr	' Chris Hopp onic signature on the line above to certify this using an "/s/ signature" (e.g., /s/ John Smith		
		Typed or printe				
		Title: (Title of a		ERATING OFFICER		
		Date:		7/*	10/2021	

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

L NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
	SYSTEM II
INE CABLE TELEVISION LC	6322
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- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	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?	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	
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	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter 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	
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	
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	
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 * (interest charge) * 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	
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	

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