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	FNT	OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
-		ransmissions by	DATE RECEIVED	AMOUNT	_
		Short Form)			<u>coplicsoa@copyright.gov</u>
a 11 <i>i</i>				\$	For additional information, contact the U.S. Copyright
General instru			02/25/2022		Office Licensing Division at (202) 707-8150.
in the linst tab	or this	S WOIKDOOK.		ALLOCATION NUMBER	
Α	ACC	OUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	'YYY/(Period))	
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
Periou					
В		Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full corp	porate title
Owner		List any other name or names under wh	nich the owner conducts the business of	the cable system.	
		If there were different owners during the	ne accounting period, only the owner on	the last day of the accounting period should s	ubmit a
		single statement of account and royalty	r fee payment covering the entire accourt response to the e	nting period.	29915
		Check here if this is the system's first fil	ing. If not, enter the system's ID number	r assigned by the Licensing Division.	23313
		LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	1	
		Iron River Co-Op Antenna Corp			
		BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	Т)	
		MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM		
		316 N 2nd Ave	a number)		
		(Number, street, rural route, apartment, or suite Iron River, MI 49935 (City, town, state, zip)	s number)		
	INST		siness or trade names used to ide	entify the business and operation of the	e svstem unless these
С				he system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTE	M:		
	2	(Number, street, rural route, apartment, or suite	e 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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Iron River Co-Op Antenna Corp	29
D	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including sing
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon identified city.	ne parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Bates Township	MI
Community	Stambaugh Township	MI
	Iron River Township	MI
dd Rows as Necessary	Iron River	MI
aa nons as necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM II
Name	Iron River Co-Op Anten							515	2991
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv	•		0,0			,	chargeu	
	Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed					ard rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					andary transmis		as that ashla	
	systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca						nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system						e different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	ee-word descript	ion of the s	service is	
	sufficient.	2014					DL OOK	()	
	BLU	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		146	25.00	Expand	ded		886	61.0
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		12	82.00					
	Commercial								
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA			s				
-	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services				0		0.()	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	,		5		5 ,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that				•				
	listed in block 1 and for which a brief (two- or three-word) descrip				Isnea. Lisi	t these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2	RAT
	Continuing Services:			ation: Non-res			UATEO		IVAI
	• Pay cable			tel, hotel		50.00	Service	e Call	20.0
	• Pay cable—add'l channel			nmercial		50.00		nal Rehook	20.0
	Fire protection			/ cable					
	•Burglar protection			/ cable-add'l cł	nannel				
	Installation: Residential			protection					
	• First set	50.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		40.00			
	• Converter			connect					
				let relocation					
					ess				
				tlet relocation ve to new addr	ess				

counting Period: 2	2021/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID					
Name	Iron River Co-Op Ant	enna Corp		2991					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary Transmitters: Television	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 rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	t (1) stations carried only on a part- the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program and both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community					
	educational station, by ente (for independent multicast) For the meaning of these te	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 Cana	dian stations, if any, give the name of t	the community with which the station	is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WJMN	36	Ν	Escanaba, MI					
	WLUC	6	N	Marquette, MI					
dd Rows as Necessary	WNMU	13	Е	Marquette, MI					
	WBUP	10	Ν	Ishpeming, MI					
	CBWT	59		Winnipeg, Manitoba Canada					
	WLUC-DT2	2	Ν	Marquette, MI					
		2	N						
		2	N						
		2	N						
		2	N						
		2	N						
		2	N						
		2	N						
		2	N						
		2	N						
		2	N						
		2	N						
		2	N						
		2							
		2	N						
		2							
		2							
		2							

	F OWNER OF (SYSTEM ID#
Iron River C	o-Op Anter	nna Co	orp					2991
PRIMARY TRA			arried on a separate and discr	ete basis and list	those FM sta	itions ca	rried on an	н
			nerally receivable by your cab					••
Special Instrue	ctions Conce	rning Al	II-Band FM Carriage: Under (Copyright Office	equlations, ar	n FM sic	nal is generally	Primary
receivable if (1)	it is carried by	y the sys	stem whenever it is received a	t the system's he	adend, and (2	2) it can	be expected,	Transmitters:
			ived at the headend, with the s					Radio
paper SA1-2 fo		it the Co	pyright Office regulations on t	nis point, see pa	ge (v) of the g	eneral II	istructions in the.	
			each station carried.					
			on is AM or FM. nal was electronically process	ed by the cable :	evetem as a s	onarato	and discrete	
		-	k mark in the "S/D" column.	ed by the cable :	5y510111 d5 d 5	eparate		
Column 4: C	Give the station	n's locati	on (the community to which th			C or, in	the case of	
Mexican or Car	nadian stations	s, if any,	the community with which the	station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2021/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Iron River Co-Op Ante	nna Corp	1					29915
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion, that you	r cable svst	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			sis anv nonr	etwork telev	rision proar	ram
Statement and	broadcast by a distant sta	•		······,, ·····	, ,			
Program Log	-						YES	NO
	Note: If your answer is "No	," leave the	rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subs				s wherever po	ossible, if the	eir meaning	g is
	clear. If you need more spa					aat duwina th		
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter '				
				asting the substitute progr the community to which th		rensed by th	e ECC or i	in
	the case of Mexican or Car							
				stem carried the substitute			with the m	nonth
	first. Example: for May 7 giv							
				ogram was carried by you				ately
	to the nearest five minutes.	Example: a	a program carr	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming that	vour system	was requ	ired
	to delete under FCC rules a							
	was substituted for progran	nming that y	your system w	as permitted to delete und	ler FCC rules	and regulat	ions in	0
	effect on October 19, 1976							
								7 REASON FOR
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S			N SUBSTIT AGE OCCU 6. TIN	RRED	7. REASON FOR DELETION
	SI 1. TITLE OF PROGRAM				CARRI	AGE OCCU	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIM	RRED MES	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Iron River Co-Op Antenna Corp	29915
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transu (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.	mission 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 5 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than s527,600 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	\$263,800
	BLOCK 1. GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00. 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 lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	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	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)
	1. Enter the amount of gross receipts from space K \$ 352,080.00	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	882.80
	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	\$ 2,201.80
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	2,201.80
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	\$ 2,221.80
	EFT Trace # or TRANSACTION ID # 76204005265	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: Op Antenna Corp			SYSTEM ID# 29915
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's to I number of channels on which television broadcast stations . I number of activated channels able system carried television I	otal numb n the cabl s broadcas		s
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accoun		RMATION IS NEEDED (Identify an individual	
for Further Information	Name	Chris Tilley		Telephor	e 906-265-3810
	Address	316 N 2nd Ave (Number, street, rural route, apartm Iron River, MI 49935 (City, town, state, zip)	nent, or sui	ie number)	
	Email	ircable@ironrive	er.tv	Fax (optional)	
O Certification	I, the undersign (Owne (Agen in X (Offic in i t I have examined	ed, hereby certify that (Check o er other than corporation or part t of owner other than corpora line 1 of space B and that the or er or partner) I am an officer (if line 1 of space B. d the statement of account and e, and correct to the best of my	ne, <i>but or</i> artnershi tion or p wner is no if a corpor hereby de knowled	p) I am the owner of the cable system as identified in line 1 of spa artnership) I am the duly authorized agent of the owner of the cal ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as eclare under penalty of law that all statements of fact contained he ge, information, and belief, and are made in good faith.	ce B; or ole system as identified owner of the cable system
		Typed or printed	Enter sigr	/s/ Peter Nocerini electronic signature on the line above to certify this statement. hature using an "/s/ signature" (e.g., /s/ John Smith) Peter Nocerini ent	_
				n held in corporation or partnership) 02/21/2022	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
n River Co-Op Antenna Corp	2991
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 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?	
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	
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - x - x - x 0.00274	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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