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
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	ems (Short Form) actions are located of this workbook	2-22-22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	20212	Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp		iary of another corporation, give the full corpor	rate title of
Owner	List any other name or names under which	h the owner conducts the business of the	e cable system.	
	If there were different owners during the statement of account and royalty fee payr		e last day of the accounting period should subn iod.	nit a single
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	31293
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	Dumont Telephone Company			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 349 (Number, street, rural route, apartment, or suite r	number)		
	Dumont, IA 50625-0349 (City, town, state, zip)			

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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 filing, a determination that would be made by a court of law.

С

System

1

2

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

(Number, street, rural route, apartment, or suite number)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Dumont Telephone Company	31293
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	Dumont	IA
Community	Allison	IA IA
	Parkersburg Geneva	
dd Rows as Necessary	Hampton	AI AI
	Tranpon	

								FORM SA1	TEM ID	
Name	LEGAL NAME OF OWNER OF C							515	3129	
	Dumont Telephone Con	npany							0120	
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	IBERS AND R	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
<b>.</b> .	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Secondary Transmission		of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-		<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken								
scribers and	<b>Number of Subscribers:</b> 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		•	0,0		•	•	charged		
	separately for the particular server Rate: Give the standard rate of							o and the		
	unit in which it is generally billed									
	category, but do not include disc						is within a p			
	Block 1: In the left-hand block					ondary transmi	ssion servic	e that cable		
	systems most commonly provid									
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca					•••				
	first set" and would be counted									
	Block 2: If your cable system	0			( )	service that an	e different fr	om those		
	printed in block 1 (for example,					,		, 0		
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	wo- or thre	e-word descrip	tion of the se	ervice is		
	sufficient. BLOCK 1						BLOCK	2		
		NO. OF		5475				NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Service to first set	Basic Pkg =	271	\$120.60/mth	Local F	.ocal Basic Pkg		56	\$43.3	
	Service to additional set(s)	Non-DVR =	•••••	\$3.95/mth		kg (Gen/Ha	mn)		\$118.0	
	• FM radio (if separate rate)		100	\$0.00/mm		Basic Pkg (G			\$41.4	
	Motel, hotel	Basic Pkg =	: 1	\$240/mth		nal DVR		2	\$5.95	
	Commercial	Basic Pkg =	•••••	\$124/mth		ercial - Basio	Pka		\$170/	
	Converter	Dasie i kg -		φ12 <del>4</del> /mm		ercial - Basic			\$320/	
	Residential					usionTV+	, i kg		\$120.	
	Non-residential					usionTV+ ((	Gon/Ham		\$118.0	
	· Non-residential				Dasici		Seniniani	•	ψ110.0	
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
E	In General: Space F calls for ra	te (not subscril	ber) info	ormation with re	espect to a	ll your cable sy	stem's servi	ces that were		
F	not covered in space E, that is,									
Services	service for a single fee. There a furnished at cost or (2) services		,		0		0()			
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the	rate column.	-			-		0		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in black 1 and for which a constant obstrate was made or catabilished, List these other convises in the form of a									
	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.									
	CATEGORY OF SERVICE	BLO		GORY OF SER	VICE	RATE	CATECO	BLOCK 2 RY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res			CATEGO			
	• Pay cable	\$14.95	• Mc	otel, hotel		PP	NFL Re	dZone HD	\$40.0	
	• Pay cable—add'l channel	\$14.95		mmercial		PP	Live US	B Adapter	\$1.0	
	Fire protection		•Pa	y cable		\$10				
	•Burglar protection			y cable-add'l cl	nannel	\$10.00	•••••			
	Installation: Residential			e protection		÷.0100				
	First set	\$50.00		rglar protection	1					
		PP		services:						
	<ul> <li>Additional set(s)</li> </ul>	rr.								
	Additional set(s)     FM radio (if separate rate)		• R 🗠	connect		\$35.00				
	• FM radio (if separate rate)					\$35.00				
	( )		• Dis	sconnect						
	• FM radio (if separate rate)		• Dis • Ou		-955	\$35.00 PP \$50.00				

Name	LEGAL NAME OF OWNER O	JF CABLE SYSTEM:		SYSTEM				
Name	Dumont Telephone C	Company		31				
	PRIMARY TRANSMITTERS:	TELEVISION						
G		lentify every television station (including training the accounting period, except (1)						
	FCC rules and regulations	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections						
Primary ransmitters:		76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.						
Television	Substitute Basis Stations	s: With respect to any distant stations carri	ied by your cable system on a sub	ostitute program				
		rules, regulations, or authorizations: re in space G—but do list it in space I (the \$	Special Statement and Program L	Loa)—if the				
	station was carried only or							
	basis. For further information	ion concerning substitute basis stations, se	ee page (v) of the general instruction	ions.				
		on's call sign. <i>Do not</i> report origination prog ed with a station according to its over-the-ai	-	-				
	"WETA-2" as the same on	the form.						
	of license. For example, W	nel number the FCC assigned to the televis VRC is channel 4 in Washington, D.C.	Ū.					
		h case whether the station is a network sta ering the letter "N" (for network), "N-M" (for	, ,					
	(for independent multicast)	), "E" (for noncommercial educational), or "	'E-M" (for noncommercial education					
		terms, see page (iv) of the general instruction on of each station. For U.S. stations, list the		is licensed by the				
	FCC. For Mexican or Cana	adian stations, if any, give the name of the o	community with which the station	is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KCRG-TV	9	N	Cedar Rapids, IA				
	KCRGDT		N-M	Cedar Rapids, IA				
Rows as Necessary	KCRGDT2		N-M	Cedar Rapids, IA				
	KCRGDT3		N-M	Cedar Rapids, IA				
	KFXA	28	N	Cedar Rapids, IA				
	KFXADT		N-M	Cedar Rapids, IA				
	KFXADT2		N-M	Cedar Rapids, IA				
	KFXADT2 KFXADT3		N-M N-M	Cedar Rapids, IA Cedar Rapids, IA				
				- ·				
	KFXADT3	2	N-M	Cedar Rapids, IA				
	KFXADT3 KFXADT4	2	N-M N-M	Cedar Rapids, IA Cedar Rapids, IA				
	KFXADT3 KFXADT4 KGAN	2	N-M N-M N	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA				
	KFXADT3 KFXADT4 KGAN KGANDT	2	N-M N-M N N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA				
	KFXADT3 KFXADT4 KGAN KGANDT KGANDT2	2 48	N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA				
	KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3		N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA				
	KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV		N-M N-M N-M N-M N-M N-M N	Cedar Rapids, IA Cedar Rapids, IA				
	KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT		N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA				
	KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT2		N-M N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA				
	KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT2 KPXRDT3 KRIN	48	N-M N-M N N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA				
	KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT KPXRDT2 KPXRDT3 KRIN KRINDT	48	N-M N-M N-M N-M N-M N-M N-M N-M N-M E	Cedar Rapids, IA Cedar Rapids, IA Des Moines, IA				
	KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT2 KPXRDT2 KPXRDT3 KRIN KRINDT KRINDT2	48	N-M N-M N N-M N-M N-M N-M N-M N-M N-M E E E-M E-M E-M	Cedar Rapids, IA Cedar Rapids, IA Des Moines, IA Des Moines, IA				
	KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT KPXRDT2 KPXRDT3 KRIN KRINDT KRINDT2 KRINDT3	48	N-M N-M N N-M N-M N-M N-M N-M N-M N-M E E E-M E-M E-M	Cedar Rapids, IA Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA				
	KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT2 KPXRDT2 KPXRDT3 KRIN KRINDT KRINDT2	48	N-M N-M N N-M N-M N-M N-M N-M N-M N-M E E E-M E-M E-M	Cedar Rapids, IA Cedar Rapids, IA Des Moines, IA Des Moines, IA				

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM				
Name	Dumont Telephone Co			312				
		PRIMARY TRANSMITTERS: TELEVISION						
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. <b>Column 1:</b> List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. <b>Column 2:</b> Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3:</b> 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).							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KWWLDT2		N-M	Waterloo, IA				
	KWWLDT3		N-M	Waterloo, IA				
	KWWLDT4		N-M	Waterloo, IA				
	KWWLDT5		N-M	Waterloo, IA				
	кссі	8	N	Des Moines, IA				
	KCCIDT		N-M	Des Moines, IA				
	KCCIDT2		N-M	Des Moines, IA				
	КССІДТЗ		N-M	Des Moines, IA				
	ксш	23	N	Des Moines, IA				
	KCWIDT		N-M	Des Moines, IA				
	KCWIDT2		N-M	Des Moines, IA				
	KCWIDT3		N-M	Des Moines, IA				
	КДМІ	56	N	Des Moines, IA				
	KDSM	17	N	Des Moines, IA				
	KDSMDT		N-M	Des Moines, IA				
	KDSMDT2		N-M	Des Moines, IA				
	KDSMDT3		N-M	Des Moines, IA				
	KDSMDT4		N-M	Des Moines, IA				
	KFPX-TV	39	N	Des Moines, IA				
	KFPXDT		N-M	Des Moines, IA				
	KFPXDT2		N-M	Des Moines, IA				
	KFPXDT3		N-M	Des Moines, IA				
	KFFAD13							
	WHO	13	N	Des Moines, IA				

N	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYST	EM	
Name	Dumont Telephone Company					
	PRIMARY TRANSMITTERS:	TELEVISION				
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: TELEVISION         In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.         Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:         • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.         • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.         Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.         Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the l					
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ring the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instructi on of each station. For U.S. stations, list the	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. le community to which the station	endent), "I-M" ional multicast). is licensed by the		
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ring the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instructi on of each station. For U.S. stations, list the	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. le community to which the station	endent), "I-M" ional multicast). is licensed by the		
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. the community to which the station community with which the station	endent), "I-M" ional multicast). is licensed by the n is identified.		
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b>	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. he community to which the station community with which the station <b>3. TYPE OF STATION</b>	endent), "I-M" ional multicast). is licensed by the h is identified. 4. LOCATION OF STATION		
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> WHODT2	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. the community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b>	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION Des Moines, IA		
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WHODT2 WHODT3	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. the community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b>	eendent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA		
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> WHODT2 WHODT3 WHODT4	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. the community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	eendent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA Des Moines, IA		
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WHODT2 WHODT3 WHODT4 WOI	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. the community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N</b>	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA		
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WHODT2 WHODT3 WHODT4 WOI WOIDT	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. he community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	eendent), "I-M" ional multicast). is licensed by the n is identified.		
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WHODT2 WHODT3 WHODT4 WOI WOIDT	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. the community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	eendent), "I-M" ional multicast). is licensed by the n is identified.		
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WHODT2 WHODT3 WHODT4 WOI WOIDT	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. the community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	eendent), "I-M" ional multicast). is licensed by the n is identified.		

EGAL NAME O								SYSTEM II
	ephone Co	mpany	·					312
n General: Lis		tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1 on the basis of For detailed inf paper SA1-2 fo Column 1: 1 Column 2: 5 Column 3: 1 signal, indicate Column 4: 0	) it is carried b monitoring, to formation abou mm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be recein the Co sign of the he static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t 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	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 ed by the FCC	) it can b ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3/0		CALL SIGN		3/0	LOCATION OF STATION	
(LMJ-104.9	FM		Hampton, IA					

	d: 2021/2						FO	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Nume	Dumont Telephone Co	mpany						31293
<b>I</b> Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	fy every non ccounting pe	network televis eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	uthorizations	. For a further
Carriage:	1. SPECIAL STATEMENT				general mour			2 10111.
Special	During the accounting per				s, any nonne	twork telev	ision progra	ım
Statement and Program Log	broadcast by a distant stat	•	,				YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mι	ust comple	te the progra	am
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call a <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the morn first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the letted to delete under FCC rules a was substituted for program	ce, please a of every not distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast statio adian statio th and day ve "5/7." es when the Example: a er "R" if the and regulatio ming that y	add additional i nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (the when your syst e substitute pro a program carri- listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene table." List specific program r "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the tem carried the substitute p gram was carried by your ed by a system from 6:01: was substituted for progra uring the accounting period	brogram") that d for the prog eral instruction in titles, for ex- lo." m. station is licer station is ider program. Use cable system. 15 p.m. to 6:2 mming that y ; enter the let	at, during th ramming c ns for furth ample, "I L nsed by th httified). httified). humerals, List the tin 28:30 p.m. rour system ter "P" if th	ne accountir of another st er informatio ove Lucy" o e FCC or, ir , with the mo mes accurat should be n was <i>requir</i> e listed prog	ng ation on. r r ponth tely red
	effect on October 19, 1976. SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS		
	s	UBSTITUT	E PROGRAM	1				7. REASON FOR
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOI DELETION
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		7. REASON FOR DELETION           7. REASON FOR DELETION           7. REASON FOR DEL
	-	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		

Accounting Period:	2021/2			FORMS	6A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Dumont Telephone Company			Ş	SYSTEM ID# 31293				
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and tall amounts (gross receipts) paid to your cable system by subscribers for the system to the system 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	tem's sec of how to	condary transmi compute this a	ssion service mount, see \$2:	32,300.28 ross receipts)				
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 \$263,800 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 \$137,1	100 OR L	ESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 Line 1. Royalty fee for accounting period			is six-month					
	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	s 1 and 2 .		· · <u> </u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	6 (but moi	re than \$137,1	00)					
	1. Base amount under statutory formula	\$	263,800.00						
	2. Enter amount of gross receipts from space K	\$	232,300.28	-					
	3. Subtract line 2 from line 1	\$	31,499.72	_					
	4. Enter the amount of gross receipts from space K		\$ 2	232,300.28					
	5. Enter the amount from line 3		\$	31,499.72					
	6. Subtract line 5 from line 4	-	\$ 2	200,800.56					
	7. Multiply line 6 by .005 (enter figure here)	-		\$	1,004.00				
	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 ar	nd 8		\$	1,004.00				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but le	ess than \$527	,600)					
	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			-					
	<ol> <li>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)</li> </ol>	-	¢	1 319 00					
	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	o, and 6							
	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)		\$	1,004.00					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) $\ldots$		\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,024.00				
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				ihts!				

Accounting Period:	021/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Dumont Telephone Company		SYSTEM ID# 31293
M Channels	<b>e</b> ( )	hannels on which the cable system carried television broadcast stations al number of activated channels during the accounting period.	
	<ol> <li>Enter the total number of channels on which the system carried television broadcast stations.</li> </ol>	ne cable	55
	2. Enter the total number of activated channels on which the cable system carried television b and nonbroadcast services		300
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER</b> we can contact about this statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom )	
for Further Information	Name Roger Kregel	Telephone	(641) 857-3211
	Address <b>506 Pine St, PO Box 34</b> (Number, street, rural route, apartmen	9 t. or suite number)	
	Dumont, IA 50625-0349 (City, town, state, zip)		
	Email rogerkr@dumontte	elephone.com Fax (optional	
	CERTIFICATION (This statement of account must	be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one,	<i>but only one</i> , of the boxes.)	
	(Owner other than corporation or part	nership) I am the owner of the cable system as identified in line 1 of space E	; or
		<b>n or partnership)</b> I am the duly authorized agent of the owner of the cable s wner is not a corporation or partnership; or	ystem as identified
		corporation) or a partner (if a partnership) of the legal entity identified as owr	er of the cable system
		eby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	
	-	X /s/ Roger Kregel	
		ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed na	me: Roger Kregel	
	Title: G	ieneral Manager f official position held in corporation or partnership)	
	Date:	2/22/22	

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

unting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nont Telephone Company	3129
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>Y ES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     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.	Q
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 Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1       Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen

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Cable Worksheet		Total amount of remittance	d Initials		
			Date of remittance	Check	□ FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	□Janua	ry 1 - June 30, 2017		]July 1 - December 31, 2017	
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space B Owner					
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space D Area Served					
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Letter	sent		Information received	
and Rates	Accep	ted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Letter	sent	E	Information received	
	Accep	ted	C	Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Accep	ted	C	Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
☑Letter sent	☐ Information received	(SAS ONLY)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	