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.

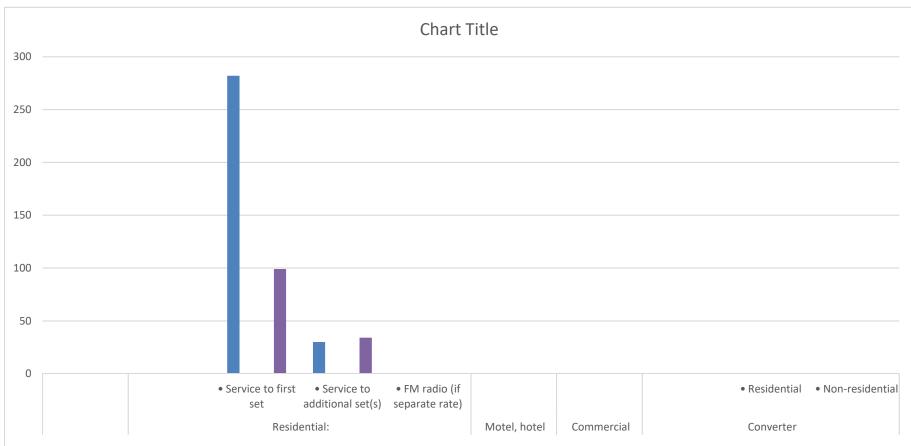
SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located	1/11/22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.	1/11/22	ALLOCATION NUMBER	(202) 707-8150.
	BY THIS STATEMENT: (Y	YYY/(Period))	

Accounting Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 B Barcode Data Filing Period (optional - see instructions) B Over the full legial 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. 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 parment covering the entre accounting period. C LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Farmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Parmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Pointset, unit was appear in space 0.5 In line 2, give any business or trade names used to identify the business and operation of the system unless these names already appear in space 0.5 In line 2, give any business or trade names used to identify the business and operation of the system unless these names already appear in space 0.5 In line 2, give the mailing address of the system, if different from the address given in space 0.5 In space 0.5 In space 0.5 In line 2, give any business or trade names used to identify the business and operation of the system unless these names already appear in space 0.5 In line 2, give any business or trade names used to identify the business and operation of the system unless these names already appearin space 0.5 In line 2, give any busines or tr	Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period Instructions: B Owner Instructions: Give the full gal 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. 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. 342242 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Farmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM PO Boox 280 Number: steed. rule route, spetiment, or submit number) Dysart, IA 52224 Totage, spetiment, or submit number) Dysart, IA 52224 Totage, spetiment, or submit number) Dysart, IA 52224 Totage, spetiment, or submit number) Dysart, IA 52224 Totage and papear in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 MAILING ADDRESS OF CABLE SYSTEM: 2 DelTHIFICATION OF CABLE SYSTEM: 2			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Period B Owner 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. Ust 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. ILEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Farmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM PO Box 280 [Number, sitent, tout route, aparthment, or suite number!] Dysart, ILA 52224 [Diverse titler, 20] 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 1 IDENTIFICATION OF CABLE SYSTEM: 2 [Number, sitent, numroute, aparthment, or suite number]			Barcode Data Filing Period (optional - see instructions)	
B 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. Ust 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 signed by the licensing Division. 342242 Check here if this is the system's first filing. If not, enter the system's iD number assigned by the Licensing Division. 342242 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Farmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 280 (Junter, steet, rual route, spathment, or suble number) Using the subsidiary 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 1 POTIFICATION OF CABLE SYSTEM: 2 (Number, steet, rual route, spathment, or suble number)	-			
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single statement of account and royalty fee payment covering the entire accounting period. ad2242 ad2242 check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. ad2242 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Farmers Cooperative Telephone Company BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 280 (Number, street, rural route, apartment, or sulle number) Dysart, I A 22224 (Cbt, twwn, state, 2p) (Cbt, twwn, state, 2p) 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 System 1 DENTIFICATION OF CABLE SYSTEM: 2 Number, streat, rural route, apartment, or sulle number) MAILING ADDRESS OF CABLE SYSTEM:	Owner		List any other name or names under which the owner conducts the business of the cable system.	
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 Farmers Cooperative Telephone Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 280 INMUMBER, street, rural route, apartment, or suite number) Dysart, IA 52224 Colly, torm, state, 200 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system in space B. 1 DENTIFICATION OF CABLE SYSTEM: 2 Nulling ADDRESS OF CABLE SYSTEM:				_
C Instruction Ins			Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	342242
C Instruction Ins				
C Instruction Ins			LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 280 (Number, street, rural route, apartment, or suite number) Dysart, IA 52224 (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 System 1 IDENTIFICATION OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)			Farmers Cooperative Telephone Company	
PO Box 280 (Number, street, rural route, apartment, or suite number) Dysart, IA 52224 (City, town, state, zp) C System 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 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or suite number)			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
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Image: Number, street, rural route, apartment, or suite number). Dysart, IA 52224. (City, town, state, zp) Image: NSTRUCTIONS: 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 System 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or suite number).			MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
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System 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 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)		INCT		
1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)	С			
2 (Number, street, rural route, apartment, or suite number)	System	1	IDENTIFICATION OF CABLE SYSTEM:	
			MAILING ADDRESS OF CABLE SYSTEM:	
(City, town, state, zip code)		2	(Number, street, rural route, apartment, or sulte 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 II							
Name	Farmers Cooperative Telephone Company	34224							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.								
First	CITY OR TOWN Dysart	IA STATE							
Community	Clutier	ia ia							
2									
dd Rows as Necessary									
, , ,									



- SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable 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 last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscriber
- SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable 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 last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscriber
- SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable 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 last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscriber
- SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system that is the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID 34224			
	Farmers Cooperative Telephone Company											
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES											
E	In General: The information in space E should cover all categories of secondary transmission service of the cable											
Cocondom	system, that is, the retransmissi											
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).											
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and	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 serve					•	,	no and the				
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-				
	category, but do not include disc	· ·	,		y stanua		s within a					
	Block 1: In the left-hand block				es of sec	ondary transmis	sion servi	ce that cable				
	systems most commonly provide											
	that applies to your system. Not			-		-						
	categories, that person or entity subscriber who pays extra for ca					0,						
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those											
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together											
	with the number of subscribers a	and rates, in th	e right-ha	ind block. A two	o- or thre	e-word descript	on of the	service is				
	sufficient.	OCK 1					BLOCK	()				
		NO. OF					BLUUR	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI			
	Residential:											
	 Service to first set 		282	98.99								
	 Service to additional set(s) 		30	33.99								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial											
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		NSMISS	IONS: RATES								
F	In General: Space F calls for ra	•	,			• •						
•	not covered in space E, that is, t service for a single fee. There a					,	,					
Services	furnished at cost or (2) services	•					0.0					
Other Than												
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.											
ransmissions:	Block 1: Give the standard ra			•		• •		wore not				
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-	• •						
	brief (two- or three-word) descrip				IIGU. EISU							
	CATEGORY OF SERVICE	BLO		DRY OF SERV		RATE	CATEC	BLOCK 2 DRY OF SERVICE	RATE			
	Continuing Services:	RATE		ion: Non-resid		RATE	CATEG	JRT OF SERVICE	RAIL			
	Pay cable			l, hotel	lentia							
	Pay cable—add'l channel			mercial								
	Fire protection		• Pay									
	•Burglar protection			cable-add'l cha	nnel							
	Installation: Residential		-	protection								
	First set	30.00		lar protection								
	Additional set(s)	30.00	Other s									
	Auditional Set(S)	30.00	• Reco			15.00						
	• FM radio (if separate rate)		- neC			10.00						
	• FM radio (if separate rate)											
	FM radio (if separate rate)Converter		• Disc	onnect								
	, , ,		• Disc • Outle			30.00 30.00						

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE	
Name	Farmers Cooperativ	e Telephone Company		34	
	PRIMARY TRANSMITTERS:	: TELEVISION	-		
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC (• Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the channel	d also in space I, if the station was carried tion concerning substitute basis stations, s ion's call sign. <i>Do not</i> report origination pr ted with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su the Special Statement and Program I both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream	
	Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the locati	ch case whether the station is a network s ntering the letter "N" (for network), "N-M" (fo at), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list t nadian stations, if any, give the name of the	for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" ional multicast). n is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KGAN	2	N	Cedar Rapids	
	KGAN 2.1	330	N-M	Cedar Rapids	
Rows as Necessary	KGAN 2.2	331	N-M	Cedar Rapids	
	KGAN 2.3	332	N-M	Cedar Rapids	
	KWWL	7	Ν	WATERLOO	
	KWWL 7.1	340	N-M	WATERLOO	
	KWWL 7.2	342	N-M	WATERLOO	
	KWWL 7.3	343	N-M	WATERLOO	
	KWWL 7.4	344	N-M	WATERLOO	
	KWWL 7.5	345	N-M	WATERLOO	
	KCRG	9	Ν	Cedar Rapids	
	KCRG 9.1	351	N-M	Cedar Rapids	
	KCRG 9.2	352	N-M	Cedar Rapids	
	KCRG 9.3	353	N-M	Cedar Rapids	
	IPTV			DES MOINES	
		11	E	IDES MOINES	
		<u>11</u>	ЕЕ		
	IPTV PBS HD	360	E-M	DES MOINES	
	IPTV PBS HD IPTV 11.2	360 362	E-M E-M	DES MOINES DES MOINES	
	IPTV PBS HD IPTV 11.2 IPTV 11.3	360 362 363	E-M E-M E-M	DES MOINES DES MOINES DES MOINES	
	IPTV PBS HD IPTV 11.2 IPTV 11.3 IPTV 11.4	360 362 363 364	E-M E-M	DES MOINES DES MOINES DES MOINES DES MOINES	
	IPTV PBS HD IPTV 11.2 IPTV 11.3 IPTV 11.4 KPXR 48	360 362 363 364 4	E-M E-M E-M E-M I	DES MOINES DES MOINES DES MOINES DES MOINES CEdar Rapids	
	IPTV PBS HD IPTV 11.2 IPTV 11.3 IPTV 11.4 KPXR 48 KPXR 48.1	360 362 363 364 4 371	E-M E-M E-M I I	DES MOINES DES MOINES DES MOINES DES MOINES CEdar Rapids Cedar Rapids	
	IPTV PBS HD IPTV 11.2 IPTV 11.3 IPTV 11.4 KPXR 48	360 362 363 364 4	E-M E-M E-M E-M I	DES MOINES DES MOINES DES MOINES DES MOINES CEdar Rapids	

ounting Period	: 2021/2			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM 3422					
Name	Farmers Cooperative Telephone Company								
	PRIMARY TRANSMITTERS	: TELEVISION							
G	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								
Primary Fransmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis,	s in effect on June 24, 1981, permitting the l(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. ns: With respect to any distant stations ca	l(e)(2) and (4))]; and (2) certain s	tations carried on a					
101011	basis under specific FCC	rules, regulations, or authorizations: ere in space G—but do list it in space I (th							
	basis. For further informat Column 1: List each stati multicast stream associate "WETA-2" as the same or Column 2: Give the chan of license. For example, V Column 3: Indicate in each educational station, by en (for independent multicast For the meaning of these Column 4: Give the locat	d also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- n the form. Inel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. ch case whether the station is a network s itering the letter "N" (for network), "N-M" (f t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list the adian stations, if any, give the name of the	see page (v) of the general instru rogram services such as HBO, E -air designation. For example, re vision station for broadcasting over tation, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	actions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN KFXA 28.2	2. B'CAST CHANNEL NUMBER 382	3. TYPE OF STATION N-M	4. LOCATION OF STATION Cedar Rapids					
	KFXA 28.2	382	N-M	Cedar Rapids					
	KFXA 28.2 KFXA 28.3	382 383	N-M N-M	Cedar Rapids Cedar Rapids					
	KFXA 28.2 KFXA 28.3 KFXA 28.4	382 383 384	N-M N-M N-M	Cedar Rapids Cedar Rapids Cedar Rapids					

LEGAL NAME OF	OWNER OF O	CABLE S	YSTEM:						SYSTEM ID
Farmers Coo	operative T	elepho	one Company						34224
PRIMARY TRA				rot	to basis and list	those EM sta	tions on	rriad on an	н
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.									
			II-Band FM Carriage: Under						Primary
•		-	stem whenever it is received a		., .	•	0	0,	Transmitters:
on the basis of r	monitoring, to	be rece	ived at the headend, with the	sy	stem's FM ante	enna, during c	ertain s	ated intervals.	Radio
For detailed info paper SA1-2 for		t the Co	pyright Office regulations on t	thi	is point, see pa	ge (v) of the g	eneral ir	nstructions in the.	
		sign of	each station carried.						
			on is AM or FM.						
			nal was electronically process k mark in the "S/D" column.	se	d by the cable s	system as a se	eparate	and discrete	
			ion (the community to which the	he	e station is licen	sed by the FC	C or, in	the case of	
Mexican or Can	adian stations	s, if any,	the community with which the	es	station is identif	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
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Accounting Perio	od: 2021/2						FOF	RM SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#			
Name	Farmers Cooperative	Telephone	e Company					342242			
	SUBSTITUTE CARRIAG				G						
l	In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	/ a <i>distant</i> sta CC rules, reg	ulations, o	r authorizatio	ons. For a further			
Substitute Carriage:					ne general ins		i ule paper -	3A 1-2 101111.			
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 										
Statement and			ir cable system	n carry, on a substitute ba	sis, any nonr	ietwork te					
Program Log	broadcast by a distant sta	tion?					YES	NO			
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the pro	gram			
	log in block 2.										
	2. LOG OF SUBSTITUTE										
	In General: List each subsicient clear. If you need more spa				s wherever p	DSSIDIE, IT	ineir meanir	ng is			
				vision program ("substitute	e program") tl	nat, during	the accour	nting			
	period, was broadcast by a	distant stat	ion and that y	our cable system substitut	ed for the pro	ogrammin	g of another	station			
	under certain FCC rules, re Do not use general categor	gulations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for fu	rther inform	ation.			
	"NBA Basketball: 76ers vs.		VIES OF DASK	etball. List specific progra		stample,	I LOVE LUCY	0I			
				er "Yes." Otherwise enter '							
				asting the substitute progr		anaad by	the FCC or	in			
	the case of Mexican or Car			he community to which th community with which the			the FCC of	, m			
				stem carried the substitute			lls, with the	month			
	first. Example: for May 7 give										
	to the nearest five minutes.			ogram was carried by you							
	stated as "6:00–6:30 p.m."		a program can	led by a system norm 0.01	i. io p.iii. to o	.20.30 p.i					
	Column 7: Enter the lett			n was substituted for prog							
	to delete under FCC rules a	and regulation	ons in effect d	uring the accounting peric	d; enter the l	etter "P" if	the listed p	rogram			
	huge enhetituted for prearen							-			
		nming that y		as permitted to delete unc	ler FCC rules			-			
	was substituted for progran effect on October 19, 1976	nming that y				and regu	lations in	-			
	effect on October 19, 1976	nming that y UBSTITUTI	our system w	as permitted to delete unc	WHE	And regu	lations in TTUTE CURRED	7. REASON FOR			
	effect on October 19, 1976	nming that y	/our system w	as permitted to delete unc	WHE	And regu	lations in	7. REASON FOR DELETION			
	effect on October 19, 1976	UBSTITUTI	E PROGRAM 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES				
	effect on October 19, 1976	UBSTITUTI	E PROGRAM 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in ITUTE CURRED TIMES				
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Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Farmers Cooperative Telephone Company		342242
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 transit (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 s amount, se	" 1,679.97
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 1 • 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.	\$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 \$ 263,800.00	•	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	81,679.97	
	5. Enter the amount from line 3	82,120.03	
	6. Subtract line 5 from line 4	99,559.94	
	7. Multiply line 6 by .005 (enter figure here)		497.80
	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	\$	497.80
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	497.80	
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	\$	517.80
	EFT Trace # or TRANSACTION ID #		
	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		VNER OF CABLE SYSTEM: rative Telephone Compa	iny			SYSTEM ID# 342242
M Channels	 to its subscribers, Enter the total n system carried te Enter the total n on which the cab 	and (2) the cable system's t number of channels on which elevision broadcast stations number of activated channel le system carried television	otal numb h the cable s broadcas			33 155
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accour		RMATION IS NEEDED (Identify an in	dividual	
for Further Information	Name	Stefanie Lorenzen			Telephone	319-476-7800
	(332 Main St., PO Boy Number, street, rural route, apartr Dysart, IA 52224 City, town, state, zip)		te number)		
	Email	stefanieftc@fctd	c.coop		Fax (optional) 319-476-791	11
O Certification	I, the undersigned (Owner of (Agent of in line X (Officer in line · I have examined t	I, hereby certify that (Check o other than corporation or p of owner other than corpora e 1 of space B and that the o r or partner) I am an officer (e 1 of space B. he statement of account and and correct to the best of my	ation or province in a corport	rtified and signed in accordance with (<i>ily one</i> , of the boxes.) (ip) I am the owner of the cable system a artnership) I am the duly authorized ag ot a corporation or partnership; or ration) or a partner (if a partnership) of t eclare under penalty of law that all state ge, information, and belief, and are mad	as identified in line 1 of space lent of the owner of the cable he legal entity identified as o ments of fact contained here	e B; or e system as identified wner of the cable system
			Enter an e	/s/ Shelly Franzenburg electronic signature on the line above to o nature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed		Shelly Franzenburg al Manager		
				on held in corporation or partnership)	01/11/22	

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

ounting Period: 2	021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM ID
rmers Cooper	ative Telephone Company	342242
The Satellite Ho lowing sentence "In deter service o	CATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.	·····
-	unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
NO		
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
You must comp	SSESSMENT lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter th	e amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply	line 1 by the interest rate* and enter the sum here	
Line 3 Multiply	line 2 by the number of days late and enter the sum here	
Line 4 Multiply	line 3 by 0.00274** and enter here	
	L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
	e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
	e filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First community		
Accounting peri		

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