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.

1-20-22

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1]
Α	ACCO	DUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY)	r/(Period))	
			-		
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20212	Barcode Data Filing Period (optional - s	ee instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent co	the cable system. If the owner is a subsidiar rporation.	y of another corporation, give the full corpo	orate title of
Owner		List any other name or names under wh	ich the owner conducts the business of the c	able system.	
			e accounting period, only the owner on the l yment covering the entire accounting period		omit a single
		Check here if this is the system's first fili	ng. If not, enter the system's ID number assi	gned by the Licensing Division.	61433
		-			
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
		MidlandsNet LLC			
		BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
		PO Box 330 (Number, street, rural route, apartment, or suite	a number)		
		Remsen, IA 51050	,		
		(City, town, state, zip)			
С			iness or trade names used to identify e 2, give the mailing address of the s	•	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MidlandsNet LLC dba We			
		MAILING ADDRESS OF CABLE SYSTE	IM:		
	2	(Number, street, rural route, apartment, or suite	number)		
		(City, town, state, zip code)			

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

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

Nerre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MidlandsNet LLC	61433
D	Instructions: List each separate community served by the cable system. A separate and distinct community or municipal entity (including unincorpor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	"community" is the same as a "community unit" as defined in FCC rules: "a brated communities within unincorporated areas and including single, discrete u list will serve as a form of system identification hereafter known as the "firs
Area Served	city.	or mobile home parks should be reported in parentheses below the identifie
Gerved		
	CITY OR TOWN	STATE
First Community	Anita	IA
community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID		
Name		ABLE SYSTEM:						515	6143		
	MidlandsNet LLC								0140		
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RA	TES						
E	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										
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-		ber of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	own by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the										
		-	-	•				-			
	unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.										
		Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable									
	systems most commonly provide that applies to your system. Not										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca										
	first set" and would be counted of							c			
	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										
	sufficient.	,									
	BLC	DCK 1					BLOC				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		264	24.95	Retrans	smission Fee	Ð		20.		
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	 Non-residential 										
			NOMIC						•		
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					Il your cable sys	stem's serv	vices that were			
F	not covered in space E, that is, t	hose services	that are	not offered in	combinatio	on with any sec	ondary trai	nsmission			
	service for a single fee. There are	•			0		0 (,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		usualiy	billed. If any fa	ales ale ci	larged on a van	able pei-p	logiani basis,			
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.										
		BLO			105	DATE	0.4750	BLOCK 2			
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT		
	Pay cable			tel, hotel	luentiai						
	Pay cable—add'l channel			mmercial							
	Fay cable—add i channel Fire protection		_	/ cable							
	•Burglar protection		· · ·	/ cable-add'l ch	annel						
	Installation: Residential		- í	protection							
	• First set	25.00		glar protection							
	Additional set(s)	_0.00		services:							
	• FM radio (if separate rate)			connect		25.00			·		
							·····				
	Converter		• Dis	connect							
	• Converter			connect tlet relocation							
	• Converter										

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
	MidlandsNet LLC			61						
	PRIMARY TRANSMITTERS:									
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 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:	: With respect to any distant stations car	ried by your cable system on a sub	stitute 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 only on aList the station here, and a	a substitute basis. also in space I, if the station was carried b	both on a substitute basis and also	on some other						
	basis. For further informatio	on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro	see page (v) of the general instruction	ons.						
	multicast stream associated	d with a station according to its over-the-a	-	-						
	"WETA-2" as the same on the Column 2: Give the channed	the form. el number the FCC assigned to the televi	vision station for broadcasting over t	the air in its community						
	of license. For example, WI	RC is channel 4 in Washington, D.C. case whether the station is a network sta	Ū.							
	educational station, by enter	ring the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for indepe	endent), "I-M"						
	(for independent multicast),	"E" (for noncommercial educational), or rms, see page (iv) of the general instruct	"E-M" (for noncommercial education							
	Column 4: Give the location	n of each station. For U.S. stations, list th	the community to which the station is	,						
	FCC. For Mexican or Canac	dian stations, if any, give the name of the	e community with which the station i	is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KMTV-S	3.1	N	OMAHA, NE						
	KMTV-2	3.1	N-M	OMAHA, NE						
- Neesrani	KMTV-3	3.3	N-M	OMAHA, NE						
Rows as Necessary	KMTV-4	3.3	N-M							
	KMTV-5	3.4	N-M	OMAHA, NE						
		6.1	N-M	OMAHA, NE						
	WOWT-S			OMAHA, NE						
	WOWT-2 WOWT-3	6.2	N-M N-M	OMAHA, NE						
		6.3	NI_1/1							
				OMAHA, NE						
	WOWT-5	6.5	N-M	OMAHA, NE						
	WOWT-5 KETV-S	6.5 7.1	N-M N	OMAHA, NE OMAHA, NE						
	WOWT-5 KETV-S KETV-2	6.5 7.1 7.2	N-M N N-M	OMAHA, NE OMAHA, NE OMAHA, NE						
	WOWT-5 KETV-S KETV-2 KDIN-S	6.5 7.1 7.2 11.1	N-M N N-M E	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA						
	WOWT-5 KETV-S KETV-2 KDIN-S KDIN-2	6.5 7.1 7.2 11.1 11.2	N-M N N-M E E-M	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA						
	WOWT-5 KETV-S KETV-2 KDIN-S KDIN-2 KDIN-3	6.5 7.1 7.2 11.1 11.2 11.3	N-M N N-M E E-M E-M	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA						
	WOWT-5 KETV-S KETV-2 KDIN-S KDIN-2 KDIN-3 KDIN-4	6.5 7.1 7.2 11.1 11.2 11.3 11.4	N-M N N-M E E-M E-M E-M	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA						
	WOWT-5 KETV-S KETV-2 KDIN-S KDIN-2 KDIN-3 KDIN-4 KXVO-S	6.5 7.1 7.2 11.1 11.2 11.3 11.4 15.1	N-M N N-M E E-M E-M E-M N	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA						
	WOWT-5 KETV-S KETV-2 KDIN-S KDIN-2 KDIN-3 KDIN-4	6.5 7.1 7.2 11.1 11.2 11.3 11.4	N-M N N-M E E-M E-M E-M	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA						
	WOWT-5 KETV-S KETV-2 KDIN-S KDIN-2 KDIN-3 KDIN-4 KXVO-S	6.5 7.1 7.2 11.1 11.2 11.3 11.4 15.1	N-M N N-M E E-M E-M E-M N	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA						
	WOWT-5 KETV-S KETV-2 KDIN-S KDIN-2 KDIN-3 KDIN-4 KXVO-S KXVO-2	6.5 7.1 7.2 11.1 11.2 11.3 11.4 15.1 15.2	N-M N N-M E E-M E-M E-M N N-M	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE						
	WOWT-5 KETV-S KETV-2 KDIN-S KDIN-2 KDIN-3 KDIN-4 KXVO-S KXVO-2 KXVO-3	6.5 7.1 7.2 11.1 11.2 11.3 11.4 15.1 15.2 15.3	N-M N N-M E E-M E-M E-M N N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE						
	WOWT-5 KETV-S KETV-2 KDIN-S KDIN-2 KDIN-3 KDIN-4 KXVO-S KXVO-2 KXVO-2 KXVO-3 KDSM-S	6.5 7.1 7.2 11.1 11.2 11.3 11.4 15.1 15.3 17.1	N-M N N-M E E-M E-M E-M N N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA						
	WOWT-5 KETV-S KETV-2 KDIN-S KDIN-2 KDIN-3 KDIN-4 KXVO-S KXVO-2 KXVO-3 KDSM-S KDSM-2	6.5 7.1 7.2 11.1 11.2 11.3 11.4 15.1 15.2 15.3 17.1 17.2	N-M N N-M E E-M E-M E-M N N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA						

Name F G F Primary 7 Transmitters: s	carried by your cable system FCC rules and regulations in	TELEVISION tify every television station (including	translator stations and low power telev	SYSTEM 614					
G Primary ransmitters:	PRIMARY TRANSMITTERS: In General: In space G, iden carried by your cable system FCC rules and regulations in	tify every television station (including	translator stations and low power telev	614					
G Primary Transmitters:	In General: In space G, iden carried by your cable system FCC rules and regulations in	tify every television station (including	translator stations and low power telev						
G G F Primary 7 Transmitters: s	carried by your cable system FCC rules and regulations in		translator stations and low power telev						
Primary 7 Fransmitters: s		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							
Television	substitute program basis, as	(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain station	ns carried on a					
b	 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 only 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. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each								
	Column 1: 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.								
	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 anterior the letter "N" (for network) "N M" (for network) "N M"								
	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								
F	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

EGAL NAME OF		JABLE S						SYSTEM I
lidlandsNet								614
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral 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	
		5,0		S. LE SIGN		5,0		

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5
Norma	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MidlandsNet LLC							61433
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in th	e paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	<u>vision</u> prograr	n
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mi	ust comple		-
	log in block 2.	,	1.5	,	, ,	•	1 5	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if the	eir meaning is	5
	clear. If you need more spa							_
	period, was broadcast by a			sion program ("substitute				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	ove Lucy" or	
		n was broad		"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nood by th	a ECC or in	
	the case of Mexican or Can							
				em carried the substitute			, with the mo	nth
	first. Example: for May 7 giv							
				gram was carried by your				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carne	ed by a system from 6.01.	15 p.m. to 6:2	20:30 p.m.	should be	
		er "R" if the	listed program	was substituted for progra	amming that y	our systen	n was <i>require</i>	ed
	to delete under FCC rules a							ram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	and regulat	ions in	
					WHE			
								7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
]		_	
] [

Accounting Period:	2021/2	FORM SA1-	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MidlandsNet LLC	SYS	61433
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service mount, see	623.54
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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$38,00 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th		
	accounting period is \$52.00 Line 1. Royalty fee for accounting period		<u>52.00</u> 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 \$137,10		52.00
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		
	7. Multiply line 6 by .005 (enter figure here)		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	1. Enter the amount of gross receipts from space K		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
Filing Fee and Total Remittance Due		52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 26UMHNTK Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more tables that the paper SA1-2 form and the Excel instructions tab for more tables		
L	1		

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C MidlandsNet L	WNER OF CABLE SYSTEM: LC				SYSTEM ID# 61433
M Channels	to its subscriber		total numb	s on which the cable system carried telever of activated channels during the acco		29
	2. Enter the tota on which the	ed television broadcast stations Il number of activated channel cable system carried televisio dcast services	ls n broadca			39
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (Identify an indiv	idual to whom	
for Further Information	Name Address	Robert Gannon PO Box 330 (Number, street, rural route, apartin	nent or suit	a numbar).	Telephone 71	2-786-1181
		Remsen, IA 51050 (City, town, state, zip)				
	Email	bgannon@west	elsystems	s.com	Fax (optional 712-786-2400	
O Certification		(This statement of account mu		ified and signed in accordance with Copy <i>r one</i> , of the boxes.)	yright Office regulations)	
	(Agent	of owner other than corpora in line 1 of space B and that the er or partner) I am an officer (i	tion or pa e owner is) I am the owner of the cable system as id rtnership) I am the duly authorized agent not a corporation or partnership; or tion) or a partner (if a partnership) of the left.	of the owner of the cable syste	m as identified
	• I have examined	te, and correct to the best of my		lare under penalty of law that all statement le, information, and belief, and are made ir		
			Enter an e	/s/ Robert Gannon		
		Typed or printed		ature using an "/s/ signature" (e.g., /s/ Johr Robert Gannon	- smith)	
		Title: (Tit	CEO le of official	position held in corporation or partnership)		
		Date:			1/20/22	

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.

	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
dlandsNet LLC	6143
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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Cable Worksheet		ble rksheet	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	Γ	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		
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
⊡Letter sent	☐ Information received	(SA3 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	
Accepted	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	