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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	3-2-22	\$ ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CORN BELT TELEPHONE CO INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 445 (Number, street, rural route, apartment, or suite number)
		WALL LAKE, IA 51466
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	-	CORN BELT COMMUNICATIONS
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CORN BELT TELEPHONE CO INC	SYSTEM ID# 6925
D Area	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	unity" is the same as a "community unit" as defined in FCC rules: "a mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First Community	Wall Lake Lake View	AI IA
Community	Sac City	IA IA
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						-	M SA1-	rem Id		
Name	CORN BELT TELEPHON									692		
	SECONDARY TRANSMISSION				TEQ							
E	In General: The information in s					y transmission s	service of	the cable				
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information											
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Transmission Service: Sub-		(June 30 or December 31, as the case may be). blocks in space E call for the number of subscribers to the cable system, broken										
scribers and												
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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 c unit in which it is generally billed											
	category, but do not include disc				ny stanua		s wiu iir a					
	Block 1: In the left-hand block				ries 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						•					
	first set" and would be counted of											
	Block 2: If your cable system	-		-								
	printed in block 1 (for example, t											
	with the number of subscribers a sufficient.	ind rates, in the	e ngnt-n	Iand Diock. A li	vo- or thre	e-word descripti	on or the s	service is				
		DCK 1					BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBE	RS	RATE		
	Residential:											
	Service to first set		2,818	102.50								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)											
	Motel, hotel	12		506.20	NURSI	NG HOME			6	####		
	Commercial		258	102.50	NURSI	NG HOME			6	####		
	Converter											
	Residential											
	<ul> <li>Non-residential</li> </ul>											
	- Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	<u></u>							
Е	SERVICES OTHER THAN SEC In General: Space F calls for rate	e (not subscrib	per) info	rmation with re	spect to a	, ,						
F	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t	e (not subscril hose services	per) info that are	rmation with re not offered in	spect to a combination	on with any seco	ondary trai	nsmission	······			
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEMI					
Humo	CORN BELT TELEPHO	ONE CO INC		69					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary ransmitters:	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.								
Television	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 <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.								
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, repo avision station for broadcasting over li station, an independent station, or a	ons, N, etc. Identify each rt multistream the air in its community noncommercial					
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	ing the letter "N" (for network), "N-N" "E" (for noncommercial educational), ms, see page (iv) of the general instr of each station. For U.S. stations, lis ian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station	onal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KCCI	8	N	DES MOINES, IA					
	KTIV HD	4.1	Ν	SIOUX CITY, IA					
Rows as Necessary	KTIV CW	4.2	N-M	SIOUX CITY, IA					
	KTIV METV	4.3	N-M	SIOUX CITY, IA					
	KTIV COURT TV	4.4	N-M	SIOUX CITY, IA					
	KPTH HD	44.1	N	SIOUX CITY, IA					
	KMEG DABL	14.1	N-M	SIOUX CITY, IA					
	KMEG CHARGE	14.2	N-M	SIOUX CITY, IA					
		14.4							
		5.1	N-M	SIOUX CITY, IA					
	WOI HD WOI TRUE CRIME	5.1	<u>N-M</u>	AMES, IA AMES, IA					
	WOI GRIT	5.3	N-M	AMES, IA					
		5.4	N-M						
	WOI COZI			AMES, IA					
	KPTH CBS HD	44.3	N	SIOUX CITY, IA					
			N N-M						
	KPTH CBS HD	44.3		SIOUX CITY, IA					
	KPTH CBS HD KPTH TBD TV	44.3 44.2	N-M	SIOUX CITY, IA SIOUX CITY, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV	44.3 44.2 14.3	N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV KCAU HD	44.3 44.2 14.3 9.1	N-M N-M N	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV KCAU HD KCAU COURT TV MYS	44.3 44.2 14.3 9.1 9.2	N-M N-M N N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV KCAU HD KCAU COURT TV MYS KCAU BOUNCE TV KCAU LAFF	44.3 44.2 14.3 9.1 9.2 9.4	N-M N-M N N-M N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV KCAU HD KCAU COURT TV MYS KCAU BOUNCE TV KCAU LAFF KTIN HD	44.3 44.2 14.3 9.1 9.2 9.4 9.3 21.1	N-M N-M N N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA FORT DODGE, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV KCAU HD KCAU COURT TV MYS KCAU BOUNCE TV KCAU LAFF KTIN HD KTIN LEARNS	44.3 44.2 14.3 9.1 9.2 9.4 9.3 21.1 21.2	N-M N-M N-M N-M N-M E E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA FORT DODGE, IA FORT DODGE, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV KCAU HD KCAU COURT TV MYS KCAU BOUNCE TV KCAU LAFF KTIN HD KTIN LEARNS KTIN WORLD	44.3 44.2 14.3 9.1 9.2 9.4 9.3 21.1 21.2 21.3	N-M N-M N-M N-M N-M E E-M E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA FORT DODGE, IA FORT DODGE, IA FORT DODGE, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV KCAU HD KCAU COURT TV MYS KCAU BOUNCE TV KCAU LAFF KTIN HD KTIN LEARNS	44.3 44.2 14.3 9.1 9.2 9.4 9.3 21.1 21.2	N-M N-M N-M N-M N-M E E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA FORT DODGE, IA FORT DODGE, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV KCAU HD KCAU COURT TV MYS KCAU BOUNCE TV KCAU LAFF KTIN HD KTIN LEARNS KTIN WORLD	44.3 44.2 14.3 9.1 9.2 9.4 9.3 21.1 21.2 21.3	N-M N-M N-M N-M N-M E E-M E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA FORT DODGE, IA FORT DODGE, IA FORT DODGE, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV KCAU HD KCAU COURT TV MYS KCAU BOUNCE TV KCAU LAFF KTIN HD KTIN LEARNS KTIN WORLD	44.3 44.2 14.3 9.1 9.2 9.4 9.3 21.1 21.2 21.3	N-M N-M N-M N-M N-M E E-M E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA FORT DODGE, IA FORT DODGE, IA FORT DODGE, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV KCAU HD KCAU COURT TV MYS KCAU BOUNCE TV KCAU LAFF KTIN HD KTIN LEARNS KTIN WORLD	44.3 44.2 14.3 9.1 9.2 9.4 9.3 21.1 21.2 21.3	N-M N-M N-M N-M N-M E E-M E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA FORT DODGE, IA FORT DODGE, IA FORT DODGE, IA					
	KPTH CBS HD KPTH TBD TV KMEG COMET TV KCAU HD KCAU COURT TV MYS KCAU BOUNCE TV KCAU LAFF KTIN HD KTIN LEARNS KTIN WORLD	44.3 44.2 14.3 9.1 9.2 9.4 9.3 21.1 21.2 21.3	N-M N-M N-M N-M N-M E E-M E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA FORT DODGE, IA FORT DODGE, IA FORT DODGE, IA					

CORN BELT	TELEPHO								SYSTEM II 69
									0:
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab						н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether th the radio stati this by placing	/ the sys be recei t the Co sign of e he statio on's sign g a checl	Heand FM Carriage: Under C tem whenever it is received a ved at the headend, with the spyright 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 th	at i sy th	the system's hea /stem's FM ante is point, see pag d by the cable s	adend, and (2 nna, during ce ge (v) of the ge ystem as a se	) it can b ertain sta eneral ir parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
Mexican or Can	adian stations	s, if any,	the community with which the		tation is identifie	ed).	ſ		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Н	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							L		

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 6925
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or au	uthorizations.	For a further
Substitute Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting peribroadcast by a distant stat Note: If your answer is "No" log in block 2.</li> <li>LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time</li> </ol>	CONCERI od, did you ion? ', leave the PROGRA itute progra ce, please a of every nor distant stati gulations, o es like "moo Bulls." n was broac sign of the s dcast static adian statio th and day e "5/7."	NING SUBST r cable system rest of this pag m on a separa add additional r nnetwork televi on and that yo r authorizations vies" or "baske dcast live, ente station broadca n's location (th ns, if any, the o when your syst	ITUTE CARRIAGE carry, on a substitute bas ge blank. If your answer is te line. Use abbreviations rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "f isting the substitute progra te community to which the community with which the tem carried the substitute	"Yes," you mu "Yes," you mu wherever pos program") that do for the prog eral instructio n titles, for ex No." am. station is lice station is lice program. Use	twork telev ust comple ssible, if the at, during th gramming c ns for furth ample, "I L ensed by th ntified). e numerals,	vision program YES te the progra eir meaning is ne accounting of another sta ner informatio ove Lucy" or ne FCC or, in , with the mo	n X NO m s g tion n.
	to the nearest five minutes. stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the nd regulatio ming that y UBSTITUT	listed program ons in effect du our system wa	was substituted for progra ring the accounting period s permitted to delete unde	amming that y l; enter the let er FCC rules a WHE CARR	our system tter "P" if th and regulat EN SUBST IAGE OCC	n was <i>require</i> le listed progr ions in TITUTE	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	<u>— то</u>	
					· · · · · · · · · · · · · · · · · · ·			
							_	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CORN BELT TELEPHONE CO INC	SYSTEM ID# 6925
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
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 \$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 \$137,100 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 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 \$137,10	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	
	5. Enter the amount from line 3         6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)
	1. Enter the amount of gross receipts from space K \$ 270,873.60	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	70.74
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 1,389.74
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>1,389.74</u> 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,409.74
	EFT Trace # or TRANSACTION ID # 76205613141	
	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 mo	

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: ELEPHONE CO INC				SYSTEM ID# 6925
<b>M</b> Channels	to its subscriber 1. Enter the tota system carrie	s, and (2) the cable system's	total num h the cab	els on which the cable system carried tele ber of activated channels during the acco le	ounting period.	24
	on which the	cable system carried televisio dcast services	n broadc			72
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name	EMILY SWENSEN			Telephone	712-664-2221
	Address	108 MAIN ST PO BOX (Number, street, rural route, apartr WALL LAKE, IA 5146 (City, town, state, zip)	nent, or sui	te number)		
	Email	CBTELCO@NE	TINS.NI	ET	Fax (optional	
<b>O</b> Certification	I, the undersigne     (Owne     (Agent     X     (Office     I have examined	d, hereby certify that (Check or <b>r other than corporation or p</b> <b>of owner other than corpora</b> in line 1 of space B and that the <b>er or partner</b> ) I am an officer (i in line 1 of space B. the statement of account and h te, and correct to the best of m	artnershi tion or p e owner is f a corpor hereby de y knowled	tified and signed in accordance with Copy ly one, of the boxes.) <b>p</b> ) I am the owner of the cable system as ide <b>artnership</b> ) I am the duly authorized agent is not a corporation or partnership; or ation) or a partner (if a partnership) of the left clare under penalty of law that all statement ge, information, and belief, and are made in /S/ BILL BROTHERTON electronic signature on the line above to cert nature using an "/s/ signature" (e.g., /s/ John	dentified in line 1 of space B of the owner of the cable sy egal entity identified as own ts of fact contained herein n good faith.	ystem as identified
		Typed or printed	name:	BILL BROTHERTON		
		Title: (Tit		PRESIDENT I position held in corporation or partnership)		
		Date:			3/3/22	

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.

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
RN BELT TELEPHONE CO INC	692
<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> <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>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul></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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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
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	
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	
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	
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	
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	
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	
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	
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	
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	

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		ble rksheet	Total amount of remittance	Nun	1	Initials		
			Date of remittance	_ Check	EFT	FILIN	G FEES	
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocatio	n number			
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun p	period) or /2 (for Jul-De	ec period) No spa	ices)	
Period	Letter	rsent	C	Information rec	eived			
		oted	C	Phone call/Date	/Contact			
Space B Owner								
	Letter	rsent	E	Information rec	eived			
		oted	C	Phone call/Date/Contact				
Space D Area Served								
	Letter	rsent	C	Information rec	eived			
		oted	C	Phone call/Date	/Contact			
Space E Secondary Transission								
Service Subscribers:	Letter	rsent	C	Information rec	eived			
and Rates		oted	C	Phone call/Date	/Contact			
Space G Primary Transmitters:								
Television	Letter	r sent	[	Information rec	eived			
		oted	[	Phone call/Date	e/Contact			
Space H Primary Transmitters:								
Radio	Accep	oted	[	Phone call/Date	e/Contact			

		Carriage
Letter sent	□ Information received	
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	
Accepted	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	
	Phone call/Date/Contact	