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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED

EIVED AMOUNT

ALLOCATION NUMBER

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		
A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20241 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		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.	
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.	29915
		T	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Iron River Cooperative TV Antenna Corp.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		316 N. 2nd Ave.	
		(Number, street, rural route, apartment, or suite number) Iron River, MI 49935 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	ass these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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.

Accounting Period:	2024/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Iron River Cooperative TV Antenna Corp.	29915
D Area	Instructions: List each separate community served by the cable system. A "communit' separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hoc city.	y" is the same as a "community unit" as defined in FCC rules: "a unities within unincorporated areas and including single, discrete re as a form of system identification hereafter known as the "first
Served		
	CITY OR TOWN	STATE
First	Iron River	MI
Community	Iron River Twp.	MI
	Bates Twp.	<u>MI</u>
Add Rows as Necessary	Stambaugh Twp. Caspian	MI
	Caspian	
1		

									1-2E. PAGE STEM ID		
Name	LEGAL NAME OF OWNER OF CA		_					513	2991		
	Iron River Cooperative TV Antenna Corp.										
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RAT	ES						
E	In General: The information in sp			-	-						
0	system, that is, the retransmission										
Secondary Transmission	about other services (including p						nose existii	ng on the			
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). 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	•									
Rates	each category by counting the nu	umber of billing	s in that	category (the r	umber of	persons or org	anizations o	charged			
	separately for the particular servi										
	Rate: Give the standard rate cl										
	unit in which it is generally billed. category, but do not include disc				/ standard	rate variations	s within a pa	articular rate			
	Block 1: In the left-hand block				es of seco	ndary transmis	sion servic	e that cable			
	systems most commonly provide										
	that applies to your system. Note			-		-					
	categories, that person or entity				• •		•				
	subscriber who pays extra for cal first set" and would be counted o					n the count une	der "Service	e to the			
	Block 2: If your cable system h	0			· · ·	ervice that are	different fro	om those			
	printed in block 1 (for example, ti	-		•							
	with the number of subscribers a					•	,	-			
	sufficient.	2014					DI OOI	<u> </u>			
	BLC	DCK 1 NO. OF					BLOCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		896	71.00							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SECO								•		
_	In General: Space F calls for rat	- 			pect to all	your cable syst	em's servi	ces that were			
F	not covered in space E, that is, th	•	,								
	service for a single fee. There are	•					0 ()				
Services	furnished at cost or (2) services of										
Other Than Secondary	amount of the charge and the un		usually b	med. If any rate	es are cha	rged on a vana	able per-pro	ogram basis,			
ransmissions:	enter only the letters "PP" in the rate column. 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.										
	BLOCK 1				BLOG						
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	BLO RATE	CATEG	DRY OF SERV		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE		
	Continuing Services:	1	CATEG Installa	ion: Non-resi		RATE					
	Continuing Services: • Pay cable	1	CATEG Installa			RATE	нво	ORY OF SERVICE	15.0		
	Continuing Services: • Pay cable • Pay cable—add'l channel	1	CATEGO Installat • Mote • Corr	ion: Non-resi el, hotel mercial		RATE	HBO Cinema	ORY OF SERVICE	15.0 10.0		
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	1	CATEG Installat • Mote • Com • Pay	ion: Non-resi el, hotel mercial cable	dential	RATE	HBO Cinema Showti	ORY OF SERVICE	15.0 10.0 14.0		
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	1	CATEG Installat • Mote • Com • Pay • Pay	i on: Non-resi el, hotel mercial cable cable-add'l cha	dential	RATE	HBO Cinema	ORY OF SERVICE	15.0 10.0		
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	1	CATEG Installat • Mote • Com • Pay • Pay • Fire	ion: Non-resid el, hotel mercial cable cable-add'l cha protection	dential	RATE	HBO Cinema Showti	ORY OF SERVICE	15.0 10.0 14.0		
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	1	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg	ion: Non-resid el, hotel mercial cable cable-add'l cha protection lar protection	dential	RATE	HBO Cinema Showti	ORY OF SERVICE	15.0 10.0 14.0		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg	ion: Non-resid el, hotel mercial cable cable-add'l cha protection	dential	RATE	HBO Cinema Showti	ORY OF SERVICE	15.0 10.0 14.0		
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s	ion: Non-resid el, hotel mercial cable cable-add'l cha protection lar protection	dential	RATE	HBO Cinema Showti	ORY OF SERVICE	15.0 10.0 14.0		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Rec	ion: Non-resident In hotel mercial cable cable-add'I cha protection lar protection ervices:	dential	RATE	HBO Cinema Showti	ORY OF SERVICE	15.0 10.0 14.0		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATEG Installar • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rece • Disc	ion: Non-resident Mercial cable cable-add'l cha protection lar protection ervices: connect	dential	RATE	HBO Cinema Showti	ORY OF SERVICE	15.0 10.0 14.0		

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Iron River Cooperativ			29
	PRIMARY TRANSMITTERS:			
G Primary ransmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph.	 stations carried only on a part-tir e carriage of certain network progra 	me basis under ms [sections
Television	Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a	With respect to any distant stations ca les, regulations, or authorizations: a in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried	e Special Statement and Program L both on a substitute basis and also	Log)—if the
	Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W	n concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr with a station according to its over-the- he form. I number the FCC assigned to the telev RC is channel 4 in Washington, D.C. case whether the station is a network s	ogram services such as HBO, ESP air designation. For example, repo vision station for broadcasting over	N, etc. Identify each rt multistream the air in its community
	(for independent multicast), For the meaning of these te Column 4: Give the location	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list dian stations, if any, give the name of th	"E-M" (for noncommercial education tions in the paper SA1-2 form. the community to which the station	nal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WZMQ (MeTV)	19	1	Marquette, MI
	WNMU (PBS)	8	E	Marquette, MI
Rows as Necessary	WBUP	10	N	Ishpeming, MI
,	WBUP-DT2	10.2	I-M	Ishpeming, MI
	WLUC (NBC)	35	N	Marquette, MI
			N-M	
	WZMQ-DT2 (CBS)	19.2	N-M	Marquette, MI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION)	19.2 19.2	I-M	Marquette, MI Marquette, MI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX)	19.2 19.2 35.2	I-M N-M	Marquette, MI Marquette, MI Marquette, MI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit)	19.2 19.2 35.2 35.3	I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT	19.2 19.2 35.2 35.3 27	I-M N-M I-M I	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW	19.2 19.2 35.2 35.3 27 16	I-M N-M I-M I N	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW	19.2 19.2 35.2 35.3 27 16	I-M N-M I-M I N	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI
	WZMQ-DT2 (CBS) WZMQ-DT7 (ION) WLUC-DT2 (FOX) WLUC-DT3 (Grit) CBWT WJFW WJFW-DT2	19.2 19.2 35.2 35.3 27 16 16.2	I-M N-M I-M I N I-M	Marquette, MI Marquette, MI Marquette, MI Marquette, MI Winnipeg, Canada Rhinelander, WI Rhinelander, WI

unting Period:	2024/1			FORM SA1-2E. PA				
Name	LEGAL NAME OF OWNER)F CABLE SYSTEM:		SYSTEM				
	Iron River Cooperati	ve TV Antenna Corp.		29				
	PRIMARY TRANSMITTERS	TELEVISION						
<u> </u>		lentify every television station (including	· · · · · · · · · · · · · · · · · · ·	,				
G		em during the accounting period, except						
Primary		in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6						
ansmitters:				is carried on a				
elevision	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
	basis under specific FCC rules, regulations, or authorizations:							
	 Do not list the station he station was carried only of 	re in space G—but do list it in space I (tl a a substitute basis	the Special Statement and Program Log	g)—if the				
		also in space I, if the station was carrie	d both on a substitute basis and also o	n some other				
		on concerning substitute basis stations,						
		on's call sign. <i>Do not</i> report origination p	•					
		ed with a station according to its over-the	e-air designation. For example, report i	multistream				
	"WETA-2" as the same on Column 2: Give the chan	the form. The number the FCC assigned to the tele	evision station for broadcasting over the	air in its community				
		VRC is channel 4 in Washington, D.C.	svision station for broadbasting over the					
		h case whether the station is a network	station, an independent station, or a no	oncommercial				
		ering the letter "N" (for network), "N-M" (
), "E" (for noncommercial educational), c		al multicast).				
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		licensed by the				
		adian stations, if any, give the name of the	-	-				
		, ,,,,,	,					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	I. CALL CICK	2. D GAGT CHARACE NOMBER	3. THE OF STATION					

Accounting P							FURI	A SA1-2E. PAGE 4
Iron River Co								SYSTEM ID
	ooporaaro							2551
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If	it is carried by monitoring, to prmation about m. lentify the call tate whether the the radio stati	/ the syst be receiv t the Co sign of e he station on's sigr	-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. n is AM or FM. hal was electronically process	t the system's he system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ited intervals. structions in the.	Primary Transmitters: Radio
Column 4: G	ive the station	's locatio	c mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2024/1						F	FORM S	A1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					S	YSTEM ID#
Name	Iron River Cooperative	e TV Anter	nna Corp.						29915
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	T AND PROGRAM LOG	;				
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorization	ns. For	a further
Carriage:	1. SPECIAL STATEMEN				general mour				
Special	During the accounting per					hwork tolow	vision proc	rom	
Statement and		-	il cable system	carry, on a substitute bas	sis, any nonne				
Program Log	broadcast by a distant sta						YES	S	NO
	Note: If your answer is "No	o", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the pro	gram	
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs clear. If you need more spa				wherever pos	sible, if the	eir meanin	ng is	
				sion program ("substitute	program") that	it, during th	ne accoun	nting	
	period, was broadcast by a	a distant stat	ion and that yo	ur cable system substitute	ed for the prog	ramming o	of another	station	
	under certain FCC rules, re								
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "baske	tball." List specific program	m titles, for ex	ample, "I L	ove Lucy	″ or	
			dcast live, ente	r "Yes." Otherwise enter "I	No."				
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	am.				
				e community to which the			e FCC or,	, in	
	the case of Mexican or Car			tem carried the substitute			with the	month	
	first. Example: for May 7 gi		when your sys		program. 030	numerais	, with the	monur	
	Column 6: State the tim	nes when the		gram was carried by your					
	to the nearest five minutes		a program carri	ed by a system from 6:01:	:15 p.m. to 6:2	8:30 p.m.	should be)	
	stated as "6:00–6:30 p.m."		listed program	was substituted for progra	amming that v	our eveten	was rea	uired	
		ter "R" if the		was substituted for progra					
	Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the and regulation mming that y	ons in effect du	ring the accounting period	d; enter the let	ter "P" if th	e listed pr		
	Column 7: Enter the lett to delete under FCC rules	ter "R" if the and regulation mming that y	ons in effect du	ring the accounting period	d; enter the let	ter "P" if th	e listed pr		
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ons in effect du	ring the accounting perioc s permitted to delete unde	d; enter the let er FCC rules a	ter "P" if th	ie listed pr ions in	rogram	REASON FOR
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ons in effect du /our system wa	ring the accounting perioc s permitted to delete unde	d; enter the let er FCC rules a	ter "P" if th ind regulat N SUBST	ie listed pr ions in	rogram	REASON FOR DELETION
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	d; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST AGE OCC 6.	TITUTE CURRED	rogram	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	d; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST AGE OCC 6.	TITUTE CURRED	rogram	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	d; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST AGE OCC 6.	TITUTE CURRED	rogram	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	d; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST AGE OCC 6.	TITUTE CURRED	rogram	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	d; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th and regulat EN SUBST AGE OCC 6.	TITUTE CURRED	rogram	
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Accounting Period:	2024/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Iron River Cooperative TV Antenna Corp. 29915
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month 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
	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 \$137,100)
	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
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K \$ 339,534.00
	2. Base amount under statutory formula \$ 263,800.00
	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) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 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) \$ 2,090.90
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 2,110.90
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2024/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Iron River Cooperative 1						SYSTEM ID 2991
M Channels	to its subscribers, and (2) t 1. Enter the total number of	he cable system's t f channels on which	total numb h the cabl	ls on which the cable system ca ber of activated channels during le	the accou	inting period.	13
	 Enter the total number of on which the cable syste and nonbroadcast servious 	em carried television	n broadca	ast stations			165
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this a			RMATION IS NEEDED (Identif	y an individ	lual to whom	
for Further Information	Name Alma H	loxha, Cinnam	on Mue	eller		Telephone	314-462-9000
	(Number, st	eer Track Trail reet, rural route, apartm is, MO 63131 state, zip)					
	Email	ahoxha@cinnan	nonmuell	ler.com	F	ax (optional	
	CERTIFICATION (This stater	nent of account mu	ist be cert	tified and signed in accordance	with Copyri	ight Office regulations)	
O Certification	• I, the undersigned, hereby c	ertify that (Check on	ne, <i>but onl<u>i</u></i>	y one , of the boxes.)			
	(Owner other tha	n corporation or pa	artnership	p) I am the owner of the cable sys	stem as ider	ntified in line 1 of space E	3; or
				artnership) I am the duly authoriz not a corporation or partnership;		f the owner of the cable s	ystem as identified
	X (Officer or partn in line 1 of		f a corpora	ation) or a partner (if a partnershi	p) of the leg	gal entity identified as own	ner of the cable system
		ect to the best of my		clare under penalty of law that all ge, information, and belief, and ar			
	l		Х	/s/ Peter Nocerini			
				electronic signature on the line abo nature using an "/s/ signature" (e.g			
		Typed or printed	name:	Peter Nocerini			
		Title:	Presid le of official	lent position held in corporation or partner	ship)		
		Date:			0	october 29, 2024	

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

unting Period: 2024/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
River Cooperative TV Antenna Corp.	29915
 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment \$ 2,07	6.34 Interest Assessment
x 4%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	3.05
x 64 da	ys
Line 3 Multiply line 2 by the number of days late and enter the sum here	5.43
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	4.56
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
ID number First community served	

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.