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 AMOUNT 7/23/2024 \$ ALLOCATION NUMBER

Return completed workbook by email to

## coplicsoa@copyright.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
<b>A A</b>		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.	53018
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Northeast Missouri Rural Telephone	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		718 S West St (Number, street, rural route, apartment, or suite number)	
		Green City, MO 63545 (City, town, state, zip)	
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
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)	
Privacy Act Notice	e: Section	n 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					
Name							
	Northeast Missouri Rural Telephone	630					
	Instructions: List each separate community served by the cable system. A "commu	nity" is the same as a "community unit" as defined in FCC rul					
D	"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 known 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, or mobile identified city.	home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
Firet		MO					
First Community	Green City Arbela	MO					
Community							
	Granger	MO					
d Rows as Necessary		MO					
	Memphis	MO					
	Novinger	MO					
	Green Castle	MO					
	Livonia	MO					
	Unionville	MO					
	Queen City	MO					

	FORM SA1-2E. PAGE LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID									
Name		6301								
	Northeast Missouri Rur	al Telephon	e						0001	
Е	SECONDARY TRANSMISSION									
E	In General: The information in s	•		-		•				
Secondary	system, that is, the retransmissi about other services (including					•				
Transmission	last day of the accounting period		-					9		
Service: Sub-	Number of Subscribers: Bot	•					•			
scribers and Rates	down by categories of secondar	•		• • •		•				
	each category by counting the r separately for the particular service		-	•••		•	-	s charged		
	<b>Rate:</b> Give the standard rate of					0	,	rge and the		
	unit in which it is generally billed	· ·		,	•	ard rate variatior	ns within a	particular rate		
	category, but do not include disc						!	iss that salls		
	<b>Block 1:</b> In the left-hand block systems most commonly provid	•		•		•				
	that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					d in the count u	nder "Serv	rice to the		
	first set" and would be counted	•			• • •	a convice that or	o difforant	from these		
	<b>Block 2:</b> If your cable system printed in block 1 (for example,	-								
	with the number of subscribers					•		•		
	sufficient.					-				
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		940	62.00						
	<ul> <li>Service to additional set(s)</li> </ul>									
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
					_					
	SERVICES OTHER THAN SEC					all your cable sy	stom's sou	vices that were		
F	<b>In General:</b> Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission									
	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services									
Services	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the									
Other Than	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,									
Secondary 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 set							ne form of a		
	brief (two- or three-word) description and include the rate for each.									
		BLOO				BLOCK 2			_	
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res	idential					
	• Pay cable			tel, hotel						
	• Pay cable—add'l channel	148.00		mmercial		50.00				
	Fire protection		,	/ cable						
	•Burglar protection			/ cable-add'l ch	annel					
	Installation: Residential			e protection						
	• First set	50.00		glar protection						
	• Additional set(s)			services:						
	• FM radio (if separate rate)			connect		50.00				
	• Converter			connect						
	• Converter		• Out	connect tlet relocation ve to new addr		50.00 50.00				

Name	LEGAL NAME OF OWNER OF			SYSTEM II 630					
	Northeast Missouri Rural Telephone								
	PRIMARY TRANSMITTERS: TELEVISION								
G	<b>In General:</b> 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 nsmitters: elevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca							
	• Do <i>not</i> list the station her station was carried <i>only</i> on								
	basis. For further information <b>Column 1:</b> List each station	also in space I, if the station was carried on concerning substitute basis stations, a on's call sign. <i>Do not</i> report origination pr ad with a station according to its over-the	see page (v) of the general instru rogram services such as HBO, E	uctions. SPN, etc. Identify each					
	"WETA-2" as the same on <b>Column 2</b> : Give the chann	•							
	<b>Column 3:</b> Indicate in each educational station, by enter	h case whether the station is a network s ering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), or	for network multicast), "I" (for inde	ependent), "I-M"					
	For the meaning of these to <b>Column 4:</b> Give the location	erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list adian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the static	on is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B CAST CHARNEL NUMBER		4. LOCATION OF STATION					
		10							
	КСРТ	19		Kansas City, MO					
	KMCI	38	l	Kansas City, MO					
rs as Necessary	КМСІ КТVО	38	l N	Kansas City, MO Kirksville, MO					
as Necessary	KMCI KTVO WGEM	38 3 10	l	Kansas City, MO Kirksville, MO Quincy, IL					
s as Necessary	KMCI KTVO WGEM WGEM	38 3 10 23	I N N I	Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA					
as Necessary	KMCI KTVO WGEM	38 3 10	l N	Kansas City, MO Kirksville, MO Quincy, IL					
s as Necessary	KMCI KTVO WGEM WGEM	38 3 10 23	I N N I	Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA					
s as Necessary	KMCI KTVO WGEM WGEM KDIN	38 3 10 23 5	I N N I E	Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA					
rs as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO	38 3 10 23 5 2	I N N I E N	Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA Kirksville, MO					
vs as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN	38 3 10 23 5 2 11	I N N I E N E	Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA Kirksville, MO Des Moines, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU	38 3 10 23 5 2 11 15	I N N I E N E N	Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA Kirksville, MO Des Moines, IA Ottumwa, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU KYOU	38 3 10 23 5 2 11 15 8	I N N I E N E N	Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA Kirksville, MO Des Moines, IA Ottumwa, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU KYOU KYOU	38 3 10 23 5 2 11 15 8 13	I N N I E N E N	Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA Kirksville, MO Des Moines, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU KYOU KYOU KYOU	38         3         10         23         5         2         11         15         8         13         6	I N N I E N E N	Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA Kirksville, MO Des Moines, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU KYOU KYOU KYOU KYOU	38         3         10         23         5         2         11         15         8         13         6         22	I N N I E N E N	Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA Kirksville, MO Des Moines, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU KYOU KYOU KYOU KYOU KYOU	38         3         10         23         5         2         11         15         8         13         6         22         17	I N N I E N E N	Kansas City, MO         Kirksville, MO         Quincy, IL         Ottumwa, IA         Des Moines, IA         Kirksville, MO         Des Moines, IA         Ottumwa, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU KYOU KYOU KYOU KYOU KYOU KYOU KYOU	38         3         10         23         5         2         11         15         8         13         6         22         17         21		Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA Kirksville, MO Des Moines, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Kirksville, MO Des Moines, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU KYOU KYOU KYOU KYOU KYOU KYOU KYOU	38         3         10         23         5         2         11         15         8         13         6         22         17         21         12	I N N I E N E N I I I I I I I I I I I I	Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA Kirksville, MO Des Moines, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU KYOU KYOU KYOU KYOU KYOU KYOU KYOU	38         3         10         23         5         2         11         15         8         13         6         22         17         21         12		Kansas City, MO         Kirksville, MO         Quincy, IL         Ottumwa, IA         Des Moines, IA         Kirksville, MO         Des Moines, IA         Kirksville, MO         Des Moines, IA         Ottumwa, IA         Des Moines, IA         Ottumwa, IA         Ottumwa, IA         Ottumwa, IA         Ottumwa, IA         Ottumwa, IA         Ottumwa, IA         Des Moines, IA         Kirksville, MO         Des Moines, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU KYOU KYOU KYOU KYOU KYOU KYOU KYOU	38         3         10         23         5         2         11         15         8         13         6         22         17         21         12		Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA Kirksville, MO Des Moines, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Kirksville, MO Des Moines, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU KYOU KYOU KYOU KYOU KYOU KYOU KYOU	38         3         10         23         5         2         11         15         8         13         6         22         17         21         12		Kansas City, MO Kirksville, MO Quincy, IL Ottumwa, IA Des Moines, IA Kirksville, MO Des Moines, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Kirksville, MO Des Moines, IA					
ws as Necessary	KMCI KTVO WGEM WGEM KDIN KTVO KDIN KYOU KYOU KYOU KYOU KYOU KYOU KYOU KYOU	38         3         10         23         5         2         11         15         8         13         6         22         17         21         12		Kansas City, MO         Kirksville, MO         Quincy, IL         Ottumwa, IA         Des Moines, IA         Kirksville, MO         Des Moines, IA         Kirksville, MO         Des Moines, IA         Ottumwa, IA         Des Moines, IA         Ottumwa, IA         Ottumwa, IA         Ottumwa, IA         Ottumwa, IA         Ottumwa, IA         Ottumwa, IA         Des Moines, IA         Kirksville, MO         Des Moines, IA					

EGAL NAME O Northeast M								SYSTEM I 630
n <b>General:</b> Lis	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
pecial Instruc	tions Conce	rning Al	I-Band FM Carriage: Under (	Copyright Office r	egulations, ar	n FM sig	nal is generally	Primary
n the basis of	monitoring, to	be rece	stem whenever it is received a ived at the headend, with the pyright Office regulations on t	system's FM ant	enna, during c	ertain s	tated intervals.	Transmitters Radio
aper SA1-2 fo Column 1: lo	rm. lentify the call	sign of	each station carried.					
			on is AM or FM. nal was electronically process	sed by the cable	system as a s	eparate	and discrete	
Column 4: O	live the station	n's locati	k mark in the "S/D" column. on (the community to which th		-	C or, in	the case of	
lexican or Car	adian stations	s, if any,	the community with which the	e station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
						·		
						·		

Accounting Perio							FORM SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#	
			none				63018	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify <i>every noi</i> ccounting p	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, or authoriz	ations. For a further	
Carriage: Special Statement and Program Log	<ul> <li>explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.</li> <li><b>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</b> <ul> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>YES X NO</li> </ul> </li> <li>Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.</li> <li><b>2. LOG OF SUBSTITUTE PROGRAMS</b> <ul> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.</li> <li><b>Column 1</b>: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.</li> <li>Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li><b>Column 2</b>: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li><b>Column 3</b>: Give the call sign of the station broadcasting the substitute program.</li> <li><b>Column 4</b>: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified).</li> <li><b>Column 6</b>: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."</li> <li><b>Column 6</b>: State the times when the subs</li></ul></li></ul>							
	was substituted for program effect on October 19, 1976 Si		your system w		WHE	s and regulations ir	D 7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	DELETION TO	
			·	·				
			·					
			·					
			·					

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Northeast Missouri Rural Telephone	6301
all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran	smission service
<ul> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> </ul>	\$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 accounting period is \$52.00.	or this six-month
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	7,100)
1. Base amount under statutory formula	<u>)</u>
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	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 \$52	27,600)
1. Enter the amount of gross receipts from space K \$ 353,772.00	)
2. Base amount under statutory formula \$ 263,800.00	)
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	899.72
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	\$ 2,218.72
FILING FEE AND TOTAL REMITTANCE DUE	
	0 040 70
	2,218.72
2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,233.72
EFT Trace # or TRANSACTION ID # 27FNM4MV	7
	Northeast Missouri Rural Telephone           GROSS RECEIPTS Instructions: The flags you give in this space determines the form you file and the amount you pay, if a identified in space (2) during the accounting profile. For a further explanation of how to compute thi page (w) of the general instructions located in the pager SA1-2 form. Gross receipts from subscripts for subscripts in space X is AS1-2 form.           COPYRIGH TOXALTY FEE Complete tox is a complete a statement in space P concerning grass receipts.           COPYRIGH TOXALTY FEE Complete tox is 10 dots.           Use block 1 if the amount of gross receipts in space K is more than \$273,100 but less than or equal to 'Use block 2 if the amount of gross receipts in space K is more than \$273,100 but less than gray (2) (1) use block 2 if the amount of gross receipts in space K is more than \$273,100 but less than gray (2) (2) use block 3 if the amount of gross receipts in space K is more than \$273,100 but less than gray (2) (2) use block 3 if the amount of gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$23.0.           Line 1. Royalty fee for accounting period.         Instructions: As a cable system with gross receipts for \$137,100 or less, the royalty fee that you must pay for accounting period is \$23.0.           Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2           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. Base amount from line 4.           2. Enter the amount from line 4. space Q, page 8           3. Subtreat line 5 from line 4.

Accounting Period:	2024/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: souri Rural Telephone	SYSTEM ID# 63018
M Channels	to its subscribers 1. Enter the tota system carried	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period.	17
	on which the c	al number of activated channels cable system carried television broadcast stations lcast services	210
N Individual to		<b>D BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual about this statement of account.)	
Be Contacted for Further Information	Name	Kayla Blaser Telephone 660-8	74-4111
	Address 	718 S West St         (Number, street, rural route, apartment, or suite number)         Green City, MO 63565         (City, town, state, zip)         acctg@nemr.net       Fax (optional)         660-874-4100	
O Certification	<ul> <li>I, the undersigned</li> <li>(Owned)</li> <li>X (Agention in labeled)</li> <li>(Officient in labeled)</li> <li>I have examined</li> </ul>	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) hed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ht of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein the, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	

X /s/Kayla Blaser
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed name: Kayla Blaser
Title: Controller (Title of official position held in corporation or partnership)
Date: 7/1/24

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.

<pre>botheread Mission Runal Telephone</pre> 6300 <pre>concernent of the Data Statement of Tible 17. Section 111(0)(1)(A) of the Copyright Act by adding the follow and the provemage accounting the total number of subscribers and the gross amounts paid to the cable system of the basic catter in the sale of provemage accounting period, add the cables and amounts codecide from subscribers and the one page (vii) of the general instructions for add to the cable system of the basic catter in the sale field of the cable system catter accounting period, add the cable system catter accounting period, add the cable system catter and amounts codecide from subscribers receives are any amounts of gross receipts for secondary transmissions for add the sale system catter and any and the sale and any amounts of gross receipts for secondary transmissions for add the sale system catter any amounts of gross receipts for secondary transmissions for add the sale system catter any amounts of gross receipts for secondary transmissions for add the sale system catter any amounts of gross receipts for secondary transmissions for add the sale system catter any amounts of gross receipts for secondary transmissions for add the sale system catter any amounts of gross receipts for secondary transmissions for add the sale system catter any amounts of gross receipts for secondary transmissions for add the sale system catter and any amounts of gross receipts for secondary transmissions for add the sale system catter and any amounts of add the sale system catter and and the sale system catter and any amounts of add the sale system catter and add the sale system catter and any amounts of gross receipts for secondary transmissions for add the sale system catter and and the sale system catter and any amounts of gross receipts for secondary transmissions for add the sale system catter and and the sale system catter and secondary transmissions</pre>	counting Period: 2	024/1	FORM SA1-2E. PAGE 8.
SPECIAL STATEMENT CONCENTION GROSS RECEIPTS EXCLUSIONS The Stabilite Home Viewer Act of 1988 amended Title (7, section 111(g)(1)(A), of the Capyright Act by adding the follows in the determining the total number of subscribers and the gross amound paid to the cable system for the basic sorbers and amounts objected from subscribers receiving secondary transmissions pursuant to section 119.  For more information on when to exclude these amounts, see the note on page (wil) of the general instructions located in the paper SA1-2 form.  If the socurity period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite did owners?  Note: NETEREST ASSESSMENT  To waite phatematic on finiterest assessment, see the note on page (wil) of the general instructions Interest Assessment, see page (wil) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment.  Line 2 Multiply line 1 by the interest rate* and enter the sum here  *	GAL NAME OF OWN	ER OF CABLE SYSTEM:	SYSTEM ID#
The Salellike Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: The determining the total number of subscripters and the gross amounts paid to the cable system for the basic scripters and amounts collected from subscripters and the gross amounts paid to the cable system for the basic scripters and amounts collected from subscripters and the gross amounts paid to the cable system for the basic concerning parts A12 from.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dariary amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below.  INTEREST ASSESSMENT  Yes Enter the total here and list the satellite carrier(s) below.  Line 1 Enter the amount of late payment or underpayment.  Line 2 Multiply line 1 by the interest rate* and enter the sum here  x	ortheast Misso	uri Rural Telephone	63018
Name       Name         Mailing Address       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.       Interest Assessment         Line 1       Enter the amount of late payment or underpayment	SPECIAL ST The Satellite Ho lowing sentence "In detern service o scribers a For more inform located in the pa During the acco made by satellit	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS me Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- :: mining the total number of subscribers and the gross amounts paid to the cable system for the basic f 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." ation 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	P Special Statement Concerning Gross Receipts Exclusion
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Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply	line 1 by the interest rate* and enter the sum here	
x 0.00274         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		xdays	
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	Line 3 Multiply	line 2 by the number of days late and enter the sum here	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6		x 0.00274	
(interest charge)         * 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         First community served         Accounting period			
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