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							
7/5/2024	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOU	NTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	20	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В	Giv	tructions: The full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate e of the subsidiary, not that of the parent corporation.
Owner	Lis	t any other name or names under which the owner conducts the business of the cable system.
		here were different owners during the accounting period, only the owner on the last day of the accounting period should submit a gle statement of account and royalty fee payment covering the entire accounting period.
	Ch	eck here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	L	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	AL	PINE CABLE TELEVISION LC
	В	JSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MA	AILING ADDRESS OF OWNER OF CABLE SYSTEM
		O BOX 1008 Imber, street, rural route, apartment, or suite number)
		LKADER, IA 52043 y, town, state, zip)
С		CTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ready 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	ENTIFICATION OF CABLE SYSTEM:
	MA	AILING ADDRESS OF CABLE SYSTEM:
	2 (Nii	imber, street, rural route, apartment, or suite number)
	(Cit	y, 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.

Accounting Period:	2024/1									
	LEGAL MANE OF OUNER OF OARLE OVERFU	FORM SA1-2E. PAGE 1b.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	ALPINE CABLE TELEVISION LC	63237								
	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	mmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known								
	CITY OR TOWN	STATE								
First	GUTTENBERG	IA								
Community	GARBER	IA								
Add Rows as Necessary										

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ALPINE CABLE TELEVISION LC

FORM SA1-2E. PAGE 2.

SYSTEM ID#

63237

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken 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 charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	39	57.00	PREMIER PACKAGE	204	81.00		
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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					
RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	R/	
	Installation: Non-residential				
	Motel, hotel		CINEMAX	10	
	Commercial		НВО	18	
	• Pay cable		SHOWTIME	1(
	• Pay cable-add'l channel		STARZ	12	
	 Fire protection 				
124.95	Burglar protection				
	Other services:				
	Reconnect	29.00			
	Disconnect				
	Outlet relocation				
	 Move to new address 				
		Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection 124.95 Other services: • Reconnect • Disconnect • Outlet relocation	

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63237 ALPINE CABLE TELEVISION LC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

Primary Transmitters: Television

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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

	II GALL SIGN	2. B GAGT GHARRIEL ROMBER	C. THE OF STATION	4. LOCATION OF STATION
	KCRG	9	N	CEDAR RAPIDS, IA
	KFXA	27	<u> </u>	CEDAR RAPIDS, IA
/	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	<u> </u>	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	<u> </u>	IOWA CITY, IA
	KWWL	7	N	WATERLOO, IA

3. TYPE OF STATION

Add Rows as Necessary

1. CALL SIGN

4. LOCATION OF STATION

Accounting Period: 2024/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63237

ALPINE CABLE TELEVISION LC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

- **Column 1:** Identify the call sign of each station carried.
- **Column 2:** State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the 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 with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KCTN	FM		Garnavillo, IA				
						· -	
						,	
						· -	
						.======	

Accounting Period: 2024/1 FORM SA1-2E. PAG									I SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#		
Name	ALPINE CABLE TELEV	ISION LO							63237		
	SUBSTITUTE CARRIAGE	: SPECIA	AL STATEME	NT AND PROGRAM LO	G						
I	In General: In space I, identi					distant sta	tion that vo	our cable syst	em carried on a		
-	substitute basis during the a				-			•			
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Statement and Program Log											
Program Log											
	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.										
	2. LOG OF SUBSTITUTE In General: List each subst			ata lina. I laa abbraviatian		horovor p	ossible if t	hair maaning	, io		
	clear. If you need more spa		•		15 W	merever p	ossible, ii i	nen meaning) IS		
				vision program ("substitut	ер	rogram") tl	nat, during	the account	ing		
	period, was broadcast by a		•	•			•	•			
	under certain FCC rules, re	•									
	Do not use general categor "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progr	am	uues, ior e	example,	Love Lucy	or		
	_		dcast live, ent	er "Yes." Otherwise enter	"No	o."					
	Column 3: Give the call	sign of the	station broado	asting the substitute prog	ıran	n.					
			,	the community to which the			•	the FCC or,	in		
	the case of Mexican or Can		•	community with which the substitut			,	ls with the m	nonth		
	first. Example: for May 7 giv	-	When your sy		СР	rogram. O	oc numera	is, with the h	iona i		
			e substitute pr	ogram was carried by you	ır c	able systei	m. List the	times accura	ately		
	to the nearest five minutes.	Example:	a program carı	ried by a system from 6:0	1:1	5 p.m. to 6	:28:30 p.m	n. should be			
	stated as "6:00–6:30 p.m."	er "D" if the	listed program	n was substituted for proເ	rar	mming that	vour evet	am was requ	ired		
	to delete under FCC rules a										
	was substituted for program								3		
	effect on October 19, 1976.										
					П	\^/LI⊏	N CURCT	ITLITE			
	SI	IBSTITUT	E PROGRAM	1			WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R				
	TITLE OF PROGRAM		3. STATION'S		5. MONTH 6. TIMES						
	T. THEE OF TROOTS WIT	Yes or No	CALL SIGN	4. STATION'S LOCATION	╂	AND DAY	FROM	— то			
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Accounting Period:	2024/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC			S	YSTEM ID# 63237
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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.	system's se on of how to	condary transm compute this a	ission service amount, see	7,389.31 pss 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 less • Use block 3 if the amount of gross receipts in space K is more than \$263,800 lesse page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$133	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for th	is 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 lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	100)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	167,389.31		
	3. Subtract line 2 from line 1	\$	96,410.69		
	4. Enter the amount of gross receipts from space K			167,389.31	
	5. Enter the amount from line 3			96,410.69	
	6. Subtract line 5 from line 4			70,978.62	
	7. Multiply line 6 by .005 (enter figure here)				354.89
	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		\$	354.89
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	354.89	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	374.89
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		nts!

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: E TELEVISION LC				SYSTEM ID# 63237
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the care	number of channels on which television broadcast stations a number of activated channels able system carried television	otal numb the cabl 		g period.	7 361
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Identify an individual to	o whom	
for Further Information	Name	MARGARET CORLE	ГТ		Telephone	(563) 245-4481
	Address	PO BOX 1008 (Number, street, rural route, apartr ELKADER, IA 52043 (City, town, state, zip)	ment, or su	te number)		
	Email		ALPINE-	COMMUNICATIONS.COM Fax (o	pptional)	
	CERTIFICATION	(This statement of account mu	ust be ce	tified and signed in accordance with Copyright	t Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, <i>but on</i>	ly one, of the boxes.)		
	(Owne	r other than corporation or p	artnershi	p) I am the owner of the cable system as identifie	ed in line 1 of space E	3; or
			_	artnership) I am the duly authorized agent of the tacorporation or partnership; or	e owner of the cable s	ystem as identified
		er or partner) I am an officer (i ine 1 of space B.	f a corpoi	ation) or a partner (if a partnership) of the legal e	entity identified as owr	ner of the cable system
		e, and correct to the best of my	-	clare under penalty of law that all statements of face, information, and belief, and are made in good		
	1		X	/s/ Chris Hopp		
				electronic signature on the line above to certify this nature using an "/s/ signature" (e.g., /s/ John Smitl		
		Typed or printed	name:	CHRIS HOPP		
		Title: (Title of of		OPERATING OFFICER on held in corporation or partnership)		
		Date:			7/5/2024	

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2024/1 FORM SA1-2E. PAGE 8.

EGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
LPINE CABLE TELEVISION LC		63237
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable systematic service of providing secondary transmissions of primary broadcast transmitters, the systematic services and amounts collected from subscribers receiving secondary transmissions pursuants.	P Special Statement Concerning Gross Receipts Exclusion	
For more information on when to exclude these amounts, see the note on page (vii) of the general ir located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secon		
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	,	
Name Mailing Address Mailing Address		
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment for an explanation of interest assessment, see page (viii) of the general instructions located in the payment in the payment for an explanation of interest assessment, see page (viii) of the general instructions located in the payment for an explanation of interest assessment, see page (viii) of the general instructions located in the payment for an explanation of interest assessment.		Q
Line 1 Enter the amount of late payment or underpayment	•	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late 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	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	er assistance please	
** 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 Cop list below the owner, address, first community served, ID number, and accounting period as given in		
Owner Address		
ID number First community served		

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Accounting period