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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	– coplicsoa@loc.gov
General instru	ems (Short Form) actions are located of this workbook	7/5/2024	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2024/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20241	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full	corporate
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period shoul nting period.	d submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	63594
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	ALPINE CABLE TELEVISION LC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	-)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO BOX 1008 (Number, street, rural route, apartment, or suite r	number)		
	ELKADER, IA 52043			
	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to ider	ntify the business and operation of th	e system unless these
C	names already appear in space B. In line			
System	1			
	MAILING ADDRESS OF CABLE SYSTEM	1:		
	2 (Number, street, rural route, apartment, or suite r	number)		
	(City, town, state, zip code)			

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Return completed workbook

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ALPINE CABLE TELEVISION LC	63594
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir Note: Entities and properties such as hotels, apartments, condominiums, or m	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know ngs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First Community	ELGIN	AI
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	ALPINE CABLE TELEVI	SION LC							6359
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including pressure to the services) and the services (including pressure to the services) and the services (including pressure to the services) are services as the services (including pressure to the services) are services (including pressure to the services) are services (including pressure to the services) are services as the services (including pressure to the services) are services					•			
Transmission	last day of the accounting period	• •			•			sing on the	
Service: Sub-	Number of Subscribers: Both						able syster	n, broken	
scribers and	down by categories of secondary	•		•		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	. (Example: "\$	20/mth"). Summarize	any standa			•	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system	•			• • •	service that a	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•		•	
	sufficient.								
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		6	57.00	PREMI	ER PACKAG	Ε	49	81.0
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential								
	 Non-residential 								
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There a				•		• •		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		susually	/ billed. If any i	rates are c	narged on a va	riable per-p	program basis,	
ransmissions:	Block 1: Give the standard rat		the cab	le system for e	ach of the	applicable serv	vices listed.		
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a	•	-		lished. List	t these other se	rvices in th	ne form of a	
	brief (two- or three-word) descrip			ale for each.			1		
		BLO				DATE		BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services: Pay cable			tel, hotel	sidential		CINEM	ΔΥ	16.0
	• Pay cable—add'l channel			mmercial			HBO		18.0
	Fire protection		-	y cable			SHOW	TIME	10.9
	•Burglar protection			y cable-add'l cl	hannel		STARZ		12.0
	Installation: Residential			e protection					
	• First set	124.95		rglar protection	1				
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		29.00			
	• Converter			connect					
	-		•						
			• Ou	tlet relocation					

ccounting Period:	2024/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
	ALPINE CABLE TELE	EVISION LC		63594
Rame G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these t	TELEVISION entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. With respect to any distant stations of ules, regulations, or authorizations: re in space G—but do list it in space I (in a substitute basis. also in space I, if the station was carried on concerning substitute basis stations n's call sign. <i>Do not</i> report origination f d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. in case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instr	<i>t</i> (1) stations carried only on a part-til the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub- the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ims [sections ions carried on a postitute program _og)—if the p on some other ions. N, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast).
		on of each station. For U.S. stations, lis idian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	-	-
	KCRG	9	<u> </u>	CEDAR RAPIDS, IA
	KFXA	27		CEDAR RAPIDS, IA
vs as Necessary	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47		CEDAR RAPIDS, IA
	KRIN	35	Е	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
	KWWL	7	Ν	WATERLOO, IA

EGAL NAME O									SYSTEM 635
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab						н
eceivable if (1) on the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio state this by placing Sive the station	y the sys be recein it the Co sign of e he static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright 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 the the community with which the	it th sys this sed	be system's he stem's FM ante s point, see pag by the cable s station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3,0		+			3/0		
<u>(CTN</u>	FM		Garnavillo, IA						
				-					
							·		
		·					·=		
				[-					
				[-					
				-					
		·							

Accounting Perio							FORM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 63594
l	SUBSTITUTE CARRIAGE					tion, that your cal	ble system carried on a
Substitute	substitute basis during the a explanation of the programm	ing that mu	st be included i	n this log, see page (v) of the	-		
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	• During the accounting per	-	ur cable syster	n carry, on a substitute ba	isis, any nonr		
Program Log	broadcast by a distant sta						
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you ı	must complete th	ne program
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant sta egulations, of ries like "mo Bulls." m was broa sign of the adcast stati hadian stati hadian stati hadian stati hth and day ve "5/7." es when th Example: er "R" if the and regulat nming that	am on a separ add additional onnetwork tele- tion and that y or authorization ovies" or "bask adcast live, ent station broadc on's location (ons, if any, the y when your sy e substitute pr a program car e listed program	rows to the tables. vision program ("substitute our cable system substitu- ns. See page (v) of the ge retball." List specific progra- er "Yes." Otherwise enter sasting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0 n was substituted for prog ouring the accounting period	e program") t ted for the pro- neral instruct am titles, for o "No." ram. te station is id e program. U r cable syste 1:15 p.m. to 6 pramming that od; enter the b	hat, during the a ogramming of ar ions for further in example, "I Love censed by the F(entified). se numerals, wit m. List the times 3:28:30 p.m. sho t your system wa letter "P" if the lis	ccounting nother station nformation. Lucy" or CC or, in the month accurately uld be as <i>required</i> sted program
	S	UBSTITUT	E PROGRAM	1		N SUBSTITUT	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	
						_	
						_	
						_	
					1 [

Accounting Period:	FORM SA1-	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S	63594
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.	248.04 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	52.00
	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	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	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 \$527,600)	
	1. 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 DUE		
Filing Fee and Total Remittance Due	 Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payabl See page i of the general instructions in the paper SA1-2 form for i		its!

Accounting Period:	2024/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: E TELEVISION LC	SYSTEM ID# 63594
M Channels	to its subscribers 1. Enter the tota	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	7
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	360
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	MARGARET CORLETT Telephone (563) 245-4	481
	Address 	PO BOX 1008 (Number, street, rural route, apartment, or suite number) ELKADER, IA 52043 (City, town, state, zip) MCORLETT@ALPINE-COMMUNICATIONS.COM Fax (optional)	
O Certification	 I, the undersigned (Owned) (Owned) (Agen) in X (Office) in I have examined 	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, 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 t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identifient 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 cable line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

× /s/ Chris Hopp
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: CHRIS HOPP
Title: (Title of official position held in corporation or partnership)
Date: 7/5/2024

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
PINE CABLE TELEVISION LC	6359
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.	P Special Statement Concerning Gross Receipts Exclusion
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? NO YES. Enter the total here and list the satellite carrier(s) below	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
^	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	-
x	-
x	-
x	
x	
x	

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