

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA</b>	<b>SYSTEM ID#</b> <b>63172</b>
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<b>K</b> <b>Gross Receipts</b>	<p><b>GROSS RECEIPTS</b>  <b>Instructions:</b> 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. . . . .</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align: right; border: 1px solid black;"><b>\$ 113,725.00</b></td> </tr> <tr> <td></td> <td style="text-align: right; font-size: small;">(Amount of gross receipts)</td> </tr> </table> <p><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.</p>		<b>\$ 113,725.00</b>		(Amount of gross receipts)
	<b>\$ 113,725.00</b>				
	(Amount of gross receipts)				

<b>L</b> <b>Copyright Royalty Fee</b>	<p><b>COPYRIGHT ROYALTY FEE</b>  <b>Instructions:</b> 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.</p> <p style="text-align: center;"><b>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</b></p> <p>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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Line 1. Royalty fee for accounting period . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 52.00</b></td> </tr> <tr> <td>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>0.00</b></td> </tr> <tr> <td>Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 52.00</b></td> </tr> </table> <p style="text-align: center;"><b>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1. Base amount under statutory formula . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 263,800.00</b></td> </tr> <tr> <td>2. Enter amount of gross receipts from space K . . . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>3. Subtract line 2 from line 1 . . . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>4. Enter the amount of gross receipts from space K . . . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>5. Enter the amount from line 3 . . . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>6. Subtract line 5 from line 4 . . . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>7. Multiply line 6 by .005 (enter figure here) . . . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>8. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>0.00</b></td> </tr> <tr> <td>9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 . . . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> <p style="text-align: center;"><b>BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1. Enter the amount of gross receipts from space K . . . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>2. Base amount under statutory formula . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 263,800.00</b></td> </tr> <tr> <td>3. Subtract line 2 from line 1 . . . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>4. Multiply line 3 by .01 . . . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 1,319.00</b></td> </tr> <tr> <td>6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>0.00</b></td> </tr> <tr> <td>7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 . . . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Line 1. Royalty fee for accounting period . . . . .	<b>\$ 52.00</b>	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .	<b>0.00</b>	Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .	<b>\$ 52.00</b>	1. Base amount under statutory formula . . . . .	<b>\$ 263,800.00</b>	2. 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**FILING FEE AND TOTAL REMITTANCE DUE**

<b>Filing Fee and Total Remittance Due</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 52.00</b></td> </tr> <tr> <td>2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 15.00</b></td> </tr> <tr> <td>3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ 67.00</b></td> </tr> </table> <p style="text-align: center; margin-top: 10px;"><b>EFT Trace # or TRANSACTION ID #</b> <span style="border: 1px solid black; padding: 2px 20px;">77293457137</span></p> <p style="text-align: center; font-size: small; color: blue;"><u>Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See Circular 74 for more information.</u></p>	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . .	<b>\$ 52.00</b>	2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .	<b>\$ 15.00</b>	3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .	<b>\$ 67.00</b>
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<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA</b>	<b>SYSTEM ID#</b> <b>63172</b>
<b>M</b> <b>Channels</b>	<p><b>CHANNELS</b></p> <p><b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . . <span style="border: 1px solid black; padding: 2px 20px;">112</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 20px;">122</span></p>	
<b>N</b> <b>Individual to Be Contacted for Further Information</b>	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <span style="border: 1px solid black; padding: 2px 50px;">TAMMY WHEELER</span> Telephone <span style="border: 1px solid black; padding: 2px 20px;">641-642-3249</span></p> <p>Address <span style="border: 1px solid black; padding: 2px 50px;">208 S MAIN ST, STE 1</span> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><span style="border: 1px solid black; padding: 2px 50px;">MOULTON, IA 52572</span> <small>(City, town, state, zip)</small></p> <p>Email <span style="border: 1px solid black; padding: 2px 50px;"><a href="mailto:tammywheeler@fmcfiber.com">tammywheeler@fmcfiber.com</a></span> Fax (optional) <span style="border: 1px solid black; padding: 2px 20px;">641-642-3966</span></p>	
<b>O</b> <b>Certification</b>	<p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)</p> <ul style="list-style-type: none"> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent 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 and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (Officer 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 system in line 1 of space B.</p> <ul style="list-style-type: none"> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> <p style="text-align: center;"> <b>X</b> /s/ Tammy S. Wheeler</p> <hr/> <p>Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</p> <p>Typed or printed name: <span style="border: 1px solid black; padding: 2px 50px;">Tammy S. Wheeler</span></p> <p>Title: <span style="border: 1px solid black; padding: 2px 50px;">General Manager / CEO</span> <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: <span style="border: 1px solid black; padding: 2px 20px;">2/10/2026</span></p>	

**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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA

63172

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?

X NO

YES. Enter the total here and list the satellite carrier(s) below. \$

P

Special Statement Concerning Gross Receipts Exclusion

Name Mailing Address

Name 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.

Line 1 Enter the amount of late payment or underpayment

x

Line 2 Multiply line 1 by the interest rate\* and enter the sum here

x 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 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

Q

Interest Assessment

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CONTROL #:

REMITTANCE #:



# Cable Worksheet

Total amount of remittance

Number of SAs rec'd

Initials

Date of remittance

Check

EFT

FILING FEES

Cable ID #	Amount	Initials
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Examined by	Reviewed by	Date examination completed	Allocation number	
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**Space A Accounting Period**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space B Owner**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space D Area Served**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space E Secondary Transission Service Subscribers: and Rates**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space G Primary Transmitters: Television**

Letter sent  Information received

Accepted  Phone call/Date/Contact

**Space H Primary Transmitters: Radio**

Accepted  Phone call/Date/Contact

Space I Substitute

	<b>Carriage</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space J Part-time Carriage Log (SA3 only)</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space K Gross Receipts</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space L Copyright Filing and Royalty Fees</b>
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space M Channels</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space O Certification</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space P Statement of Gross Receipts</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	<b>Space Q Interest Assessment</b>
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact