U.S. COPYRIGHT OFFICE

INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT The SA1-2E is a U.S. Copyright Office Form

Email completed workbook to:

Submitting the form

- · This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).
- When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@loc.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

- · Alphabetization: Alphabetization is NOT required for any spaces.
- · Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.
- · Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.
- · Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at:

https://www.copyright.gov/forms/sa1-2.pdf

Page 1 - Spaces A-C

- · Space A fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., "2017/1").
- · Space B If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- · Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.
- Barcode Data In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.
- For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

 \cdot $\;$ Information can be manually entered into the highlighted areas.

Page 2 - Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

• Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 – Space H

· Information can be manually entered into the highlighted areas.

Page 5 - Space I

 \cdot Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 - Spaces K-L

- $\cdot\quad$ Space K input the total gross receipts for the cable system in the highlighted box.
- · Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.

Page 7 – Spaces M-O

- · Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith).

Page 8 - Spaces P-Q

 \cdot $\;$ Manually enter information into highlighted spaces as applicable.

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
	\$253.46 DL
8/15/2017	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			
A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Accounting Period			
		Instructions:	
В		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	
В		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.	62173
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	621/3
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Cascade Communications Company	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 250	
		(Number, street, rural route, apartment, or suite number)	
		Cascade, IA 52033	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	
	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MANUNIC ADDRESS OF CARLE OVETEN.	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
		Kondy towns award the acres	

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
Name		
	Cascade Communications Company	621
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorpordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future for the service of t	orated communities within unincorporated areas and including single hat you list will serve as a form of system identification hereafter kno filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Cascade	IA
Community		
Rows as Necessary		

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cascade Communications Company

SYSTEM ID# 62173

Ε

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.

BL	OCK 1	BLOCK	< 2		
CATECORY OF CERVICE	NO. OF	DATE	CATECODY OF CEDVICE	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	391	75.95			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	13	75.95			
Converter					
Residential					
Non-residential					
		T			

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.

	BLO	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel		Premium Channels	14.9
 Pay cable—add'l channel 		Commercial	45.99	Premium Channels	19.9
 Fire protection 		• Pay cable		Reconnect Non-Pay	20.0
 Burglar protection 		Pay cable-add'l channel		Additional DVR	9.9
Installation: Residential		Fire protection		Additional Std STB	5.9
• First set	45.99	Burglar protection		CCtv+	12.0
 Additional set(s) 		Other services:		Hourly Labor Rate	55.0
 FM radio (if separate rate) 		Reconnect	15.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62173

Cascade Communications Company

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (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 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGAN	29	N	Cedar Rapids, IA
KGAN2 (GetTV)	29.2	I-M	Cedar Rapids, IA
KGAN (CometTV)	29.3	I-M	Cedar Rapids, IA
KWWL	7	N	Cedar Rapids, IA
KWWL2 (CW)	7.2	I-M	Cedar Rapids, IA
KWWL3 (MeTV)	7.3	I-M	Cedar Rapids, IA
KCRG	9	N	Cedar Rapids, IA
KCRG2 (Ind)	9.2	I-M	Cedar Rapids, IA
KCRG3 (AntennaTV)	9.3	I-M	Cedar Rapids, IA
KWKB (ThisTV)	25	<u>l</u>	lowa City, IA
KFXA	27	N	Cedar Rapids, IA
KFXA2 (Charge)	27.2	I-M	Cedar Rapids, IA
KFXA3 (TBD)	27.3	I-M	Cedar Rapids, IA
KDIN	11	E	Des Moines, IA
KDIN2 (Learns)	11.2	E	Des Moines, IA
KDIN3(World)	11.3	E	Des Moines, IA
KPXR	47	1	Cedar Rapids, IA
WGN	19	1	Chicago, IL
KFXB	43	1	Dubuque, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cascade Communications Company

62173

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
		 					
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Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#
Name	Cascade Communicat	ions Com	pany					62173
ı	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a	fy every nor	nnetwork televis	sion program, broadcast b	y a <i>distant</i> sta			
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of t	he general inst	ructions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN	CONCER	RNING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute ba	sis, any nonne	twork televi	sion progran	
Program Log	broadcast by a distant sta	tion?					YES	X NO
0 0	Note: If your answer is "No"	'. leave the	rest of this pag	ie blank. If vour answer is	s "Yes." vou m	ust complete	e the program	m
	log in block 2.	,		,	- · · , , · · · ·			
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broa the case of Mexican or Can the case of Mexican or Can Golumn 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s idcast static adian statio th and day we "5/7." es when the Example: a er "R" if the and regulation ming that y	am on a separa add additional ranetwork televition and that yo rauthorizations vies" or "basked deast live, enterestation broaded on's location (the one, if any, the owhen your system on program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the get tball." List specific program "Yes." Otherwise enter string the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:01 was substituted for progring the accounting period	e program") that led for the program titles, for ex "No." Tam e station is lice e station is idea program. Use r cable system 1:15 p.m. to 6:2 ramming that yet; enter the legistration is the program.	ent, during the gramming of ins for further ample, "I Lowensed by the intified). It is numerals, in the time with the ime with the ime with the intified in the ime with the i	e accounting another state information we Lucy" or e FCC or, in with the mornes accurate hould be was require elisted progr	tion n. nth ly
		LIDOTITLIT				EN SUBSTI		7 DEASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	1	5. MONTH	IAGE OCC 6. 1	IMES	7. REASON FOR DELETION
	1. THEE OF TROOPS	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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LEGAL NA	ME OF OWNER	OF CABLE	SYSTEM:									SYSTEM II
Cascac	le Commu	ınicatior	ns Com	pany								6217
Instruct all amou (as ident page (vii Gro	ions: The fig ints (gross re tified in space) of the gene ss receipts f	gure you geceipts) pace E) durir eral instru from subs	aid to young the accurrent to the accurrent to accurrent to the accurrent to accurr	ur cable s counting cated in t or second	system by period. Fo the paper dary transi	subscrib or a furthe SA1-2 for mission s	ers for the er explana m. ervice(s)	e system ation of h	's second ow to con	ary tran npute th	smission ser is amount, s	vice ee
											•	155,246.35 gross receipts)
InstructionCompletUse blocUse blocUse bloc	ns: To comp e block 1, block 1 if the amount ck 2 if the amount 3 if the amoun	oute the rollock 2, or nount of good o	oyalty fee block 3. gross rece gross rece gross rece	eipts in sp eipts in sp eipts in sp	pace K is pace K is pace K is	more thai more thai	n \$137,10 n \$263,80	00 but les	s than \$5		\$263,800	
			BLC	OCK 1: C	ROSS	RECEIPT	S OF \$13	37,100 O	R LESS			
			with gros	s receipts	s of \$137,1	100 or less	, the roya	Ity fee tha	at you mus	st pay fo	r this six-mon	th
	•		ng period									
Line 2. Ir	iterest charge	e. Enter tl	he amoun	nt from lin	e 4, space	Q, page	3					0.00
Line 3. T	OTAL ROYA											
1. Base a	amount unde					, .		`			,,	
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	•	•									_	
											- 155,246.35	<u>i_</u>
5. Enter t	:he amount fr	rom line 3							\$		108,553.65	<u> </u>
6. Subtra	ct line 5 from	ı line 4							\$		46,692.70	<u> </u>
7. Multipl	y line 6 by .0	05 (enter	figure her	e)							\$	233.46
8. Interes	t charge. Er	nter the an	nount fron	n line 4, s	pace Q, p	age 8						0.00
9. TOTA	L ROYALTY	FEE PAY	'ABLE FO	OR ACCC	UNTING	PERIOD.	Add lines	7 and 8 .			\$	233.46
	Е	3LOCK 3	: GROSS	S RECEI	PTS OF	MORE T	HAN \$26	63,800 (b	out less th	nan \$52	7,600)	
1. Enter t	he amount o	of gross rea	ceipts fror	m space l	κ						_	
2. Base a	amount unde	r statutory	formula .					\$	263,8	800.00	_	
3. Subtra	ct line 2 from	ı line 1									_	
4. Multipl	y line 3 by .0	11							· · · ·			_
5. Royalt	y due on the	first \$263	,800 of gr	oss recei	pts (under	statutory	formula) .		<u>\$</u>		1,319.00	<u></u>
6. Interes	t charge. Er	nter the an	nount fron	n line 4, s	pace Q, p	age 8					0.00	<u></u>
7. TOTA	L ROYALTY	FEE PAY	'ABLE FO	OR ACCC	UNTING	PERIOD.	Add lines	4, 5, and	6		·	
<u> </u>			FILING F	EE AND	TOTAL	REMITT	ANCE D	UE				
									_			
1. Royalt	y Fee Payab	le for Acco	ounting Pe	eriod (fror	n Block 1,	, 2, or 3, a	bove)		<u>\$</u>			_
2. Filing I	-ee (See the	instruction	ns for mo	re informa	ation on fil	ing fee ca	culations)		<u>\$</u>		20.00	<u></u>
1	LAMOUNT	DUE EOD	ACCOU	NTING PI	FRIOD A	dd lines 2	2 and 3				\$	253.46
3. TOTA	LAWOUNT	DOE FOR	ACCOOL		LINIOD. A						<u> </u>	
							ronic nav			the Reai	ster of Copy	rights!
	GROSS Instruction (as ident page (vii Gross durini IMPORT COPYRIG Instruction Complete Use bloce Use bloce Use bloce See page (vii Line 1. R Line 2. In Line 3. To 1. Base a 2. Enter a 3. Subtra 4. Enter t 6. Subtra 7. Multipl 8. Interes 9. TOTAI 1. Enter t 2. Base a 3. Subtra 4. Multipl 5. Royalt 6. Interes 7. TOTAI	GROSS RECEIPTS Instructions: The fig all amounts (gross receipts f (as identified in space page (vii) of the gene Gross receipts f during the accool IMPORTANT: You in COPYRIGHT ROYAL Instructions: To compe Complete block 1, bl Use block 1 if the am Use block 2 if the am See page (vi) of the gene Instructions: As a cab accounting period is \$ Line 1. Royalty fee for Line 2. Interest charge Line 3. TOTAL ROYA 1. Base amount unde 2. Enter amount of grown of the gene 4. Enter the amount of grown of the gene 5. Enter the amount of grown of the gene 4. Enter the amount of grown of the gene 7. Multiply line 6 by .0 8. Interest charge. Er 9. TOTAL ROYALTY 1. Enter the amount of grown of the gene 3. Subtract line 5 from 7. Multiply line 6 by .0 8. Interest charge. Er 9. TOTAL ROYALTY 1. Enter the amount of grown of the gene 3. Subtract line 2 from 4. Multiply line 3 by .0 5. Royalty due on the 6. Interest charge. Er 7. TOTAL ROYALTY	GROSS RECEIPTS Instructions: The figure you gall amounts (gross receipts) poly (as identified in space E) durir page (vii) of the general instructions: To compute the recomplete block 1, block 2, or Use block 1 if the amount of general instructions: To compute the recomplete block 1, block 2, or Use block 3 if the amount of general instructions: As a cable system accounting period is \$52.00 Line 1. Royalty fee for accounting Line 2. Interest charge. Enter the Line 3. TOTAL ROYALTY FEE BLOCK 1. Base amount under statutory 2. Enter amount of gross receips 3. Subtract line 2 from line 1 4. Enter the amount of gross receips 5. Enter the amount from line 3 6. Subtract line 5 from line 4 7. Multiply line 6 by .005 (enter 8. Interest charge. Enter the amount of gross receips 1 9. TOTAL ROYALTY FEE PAY BLOCK 3 1. Enter the amount of gross receips 1 4. Multiply line 3 by .01	GROSS RECEIPTS Instructions: The figure you give in thi all amounts (gross receipts) paid to you (as identified in space E) during the acc page (vii) of the general instructions for Gross receipts from subscribers for during the accounting period IMPORTANT: You must complete a st. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee e Complete block 1, block 2, or block 3. Use block 1 if the amount of gross rece e Use block 2 if the amount of gross rece e Use block 3 if the amount of gross rece e Use block 3 if the amount of gross rece e Use block 3 if the amount of gross rece e Use block 3 if the amount of gross rece see page (vi) of the general instructions low accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount Line 3. TOTAL ROYALTY FEE PAYABL BLOCK 2: GROST 1. Base amount under statutory formula and the statutory formula and and the statutory formula and	GROSS RECEIPTS Instructions: The figure you give in this space all amounts (gross receipts) paid to your cable s (as identified in space E) during the accounting page (vii) of the general instructions located in t Gross receipts from subscribers for second during the accounting period. IMPORTANT: You must complete a statement is Gross receipts from subscribers for second during the accounting period. IMPORTANT: You must complete a statement is Gross receipts from subscribers for second during the accounting period. IMPORTANT: You must complete a statement is Gross receipts in space to the subscribers of the subscribers in space to the subscribers of the subscribers o	GROSS RECEIPTS Instructions: The figure you give in this space determine all amounts (gross receipts) paid to your cable system by (as identified in space E) during the accounting period. F page (vii) of the general instructions located in the paper Gross receipts from subscribers for secondary transduring the accounting period. IMPORTANT: You must complete a statement in space I 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 Use block 1 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is See page (vi) of the general instructions located in the paper BLOCK 1: GROSS F Instructions: As a cable system with gross receipts of \$137, accounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT BLOCK 2: GROSS RECEIPTS OI 1. Base amount under statutory formula 2. Enter amount of gross receipts from space K	GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscrib (as identified in space E) during the accounting period. For a furthe page (vii) of the general instructions located in the paper SA1-2 for Gross receipts from subscribers for secondary transmission structions receipts from subscribers for secondary transmission structions and turing the accounting period. IMPORTANT: You must complete a statement in space P concern Instructions: To compute the royalty fee you owe: • CopyRiGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 2 if the amount of gross receipts in space K is more than 1. Use block 2 if the amount of gross receipts in space K is more than 2. See page (vi) of the general instructions located in the paper SA1-2 for BLOCK 1: GROSS RECEIPTS Instructions: As a cable system with gross receipts of \$137,100 or less accounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERI BLOCK 2: GROSS RECEIPTS OF \$263,80 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 from line 3 6. Subtract line 5 from line 4 7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. BLOCK 3: GROSS RECEIPTS OF MORE T 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 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 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. FILING FEE AND TOTAL REMITT.	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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 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 \$253,80 see page (vi) of the general instructions located in the paper SA1-2 form for mor BLOCK 1: GROSS RECEIPTS OF \$13 Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add I BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE 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 from line 3 6. Subtract line 5 from line 4 7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. 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. 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Multiply line 3 by .01 5. Royalty Fee Payable FOR ACCOUNTING PERIOD. Add	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h page (wii) of the general instructions located in the paper SAT-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 (complete block 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is smore than \$137,100 or less to Use block 2 if the amount of gross receipts in space K is more than \$263,800 but less ce page (vii) of the general instructions located in the paper SAI-2 form for more informs accounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 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 of gross receipts from space K. \$ 6. Subtract line 5 from line 4. 7. Multiply line 6 by .005 (enter figure here). 8. Interest charge. Enter the amount from line 4, space Q, page 8. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b. 1. Enter the amount from line 4. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b. 1. Enter the amount under statutory formula. \$ 1. Enter the amount of gross receipts from space K. 2. Base amount under statutory formula. \$ 3. Subtract line 2 from line 1. 4. Multiply line 6 by .005 (enter figure here). 8. Interest charge. Enter the amount from line 4, spac	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to cor page (wi) of the general instructions instructions for secondary transmission service(s) during the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. 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 more than \$253,800 but less than or Use block 3 if the amount of gross receipts in space K is more than \$253,800 but less than or Use block 3 if the amount of gross receipts in space K is more than \$253,800 but less than \$250 capage (wi) 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 accounting period is \$52.00 to Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the BLOCK 2: GROSS receipts from space K. \$ 155, 3. Subtract line 2 from line 1. \$ 108, 4. Enter the amount of gross receipts from space K. \$ 155, 5. Enter the amount of gross receipts from space K. \$ 156, 5. Enter the amount of gross receipts from space K. \$ 16, Subtract line 2 from line 4. \$ 2. Enter amount of gross receipts from space K. \$ 1. Enter the amount of gross receipts from space K. \$ 1. Enter the amount of gross receipts from space K. \$ 2. Base amount under statutory formula \$ 2. Construction of gross receipts from space C. \$ 3. Subtract line 2 from line 1. \$ 3. Subtract line 2 from line 1. \$ 4.	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay, all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transl amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transpage (vil) 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. OOPPRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 file amount of gross receipts in space K is sen more than \$137,100 but less than 5527,600 see page (vi) of the general instructions located in the paper SA1-2 form for more information. SUS block 2 if the amount of gross receipts in space K is more than \$137,100 or less. 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 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K \$ 5. Enter the amount of gross receipts from space K \$ 5. Enter the amount of gross receipts from space K \$ 5. Enter the amount of gross receipts from space K \$ 5. Enter the amount of gross receipts from space K \$ 5. Enter the amount of gross receipts from space K \$ 6. Subtract line 2 from line 4 \$ 7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD, Add lines 7 and 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (s) during the accounting period. For a further explanation of how to compute this amount, spage (viii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: **Outsplete block 1, block 2, or block 3.** **Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$283,800. **Use block 3 if the amount of gross receipts in space K is more than \$253,800 but less than or equal to \$283,800. **BLOCK 1: GROSS RECEIPTS OF \$137,100 or less.** **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-mon accounting period is \$52,00. Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$283,800 OR LESS (but more than \$137,100). 1. Base amount under statutory formula. \$ 108,553.85 4. Enter the amount of gross receipts from space K. \$ 155,246.35 5. Enter the amount of gross receipts from space K. \$ 108,553.85 5. Enter the amount under statutory formula. \$ 263,800.00 1. Enter the amount of gross receipts from space K. \$ 108,553.85 5. Enter the amount under statutory formula. \$ 263,800.00 1. Enter the amount under statutory formula. \$ 263,800.00 1. Enter the amount under statutory formula. \$ 263,800.00 1. Enter the am

Accounting Period:	2017/1												FO	RM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Cascade Communication													SYSTEM ID#
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) to 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast services.	he cable system's total f channels on which the broadcast stations f activated channels m carried television bro	al numbe	e	ctivated o	channels o	luring the	accoul	nting perio	od.	ons		26	
N Individual to Be Contacted	INDIVIDUAL TO BE CON- we can contact about this s			RMATI	ON IS N	IEEDED (Id	dentify an	individ	lual to who	om				
for Further Information	Name David	Gibson								Teleph	one 50	63-852-3	710	
	(Number, s	ylor St SE, PO Bo street, rural route, apartment de, IA 52033			er)									
	Email	dave@cascadecor	mm.co	om				Fa	ax (option	al)				
O Certification	• I, the undersigned, hereby (Owner other that		but only	'y one , c	of the box	xes.)				-				
	in line 1 of sp	nent of account and here ect to the best of my kno	corporat	ot a corp ation) or clare un	a partne	or partnersher (if a partr	ip; or iership) of nat all state	f the leg	al entity id	lentified as	owner o			
			nter an e	electror	nic signat	Gibsor ure on the	ine above			ement.				
		Typed or printed na	Genera	al Ma	nager/	Gibson /Compli		fficer	-					
		Date:							08/15/	17				

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 the 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 telephon 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 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

counting Period: 2017/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ascade Communications Company	62173
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."	Special Statement Concerning Gross Receipts Exclusion
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.	Treceipte 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 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 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 Assessment
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	
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	
* 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@loc.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	

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

CONTROL #: REMITTANCE #: 114210

Cable
Worksheet

\$253.46 1

Total amount of Number of SAs rec'd Initials remittance

08/16/17

				_			
			Date of remittance	Check	✓ EFT	✓ FILING	FEES
Cable ID #	62173					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocatio	n number	\$253.46	HR
DL			12/22/17	62173	320171		
Space A Accounting Period					1		
	☑ January 1 - June 30, 2017		☐ July 1 - December 31, 2017				
	Letter sent			Information re	eceived		
	☐ Acc	epted	Phone call/Date/Contact				
Space B Owner							
	Lett	ter sent		Information re	eceived		
	☐ Acc	epted		Phone call/Dat	te/Contact		
Space D Area Served							
	Lett	ter sent		Information re	eceived		
	Acc	epted		Phone call/Dat	te/Contact		
Space E Secondary Transission							
Service Subscribers:	Letter sent Information received			eceived			
and Rates	☐ Acc	epted	Phone call/Date/Contact				
Space G Primary Transmitters:	WGN						
Television	✓ Lett	ter sent]	Information re	eceived		
	Acc	epted		Phone call/Da	te/Contact		
Space H Primary Transmitters:							
Radio	Acc	repted		Phone call/Da	te/Contact		_
					•		

Space I Substitute

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