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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
	\$
2/21/2020	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting	2019/2				
Period					
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine: If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable syster on the last day of to unting period.	em. he accounting period should st		61128
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Board of Water Electric and Communications Truste	ees			
	Muscatine Power & Water				
				6112	820192
				61128	2019/2
	3205 Cedar Street				
	Muscatine, IA 52761				
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	stem unles	s these
С	names already appear in space B. In line 2, give the mailing address of	f the system, if di	ferent from the address giv	en in spac	e B.
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or suite number)				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	, and the fret com	munity conved below and r	oliot on no	ao 1h
_	with all communities.	only the list com	indulity served below and it	elist on pa	ye ib
Area Served	CITY OR TOWN	STATE			
First	Muscatine	IA			
Community	Below is a sample for reporting communities if you report multiple ch		Space G		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	Α		1
Janipie	Alliance	MD	В		2
	Gering	MD	В		3

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.

FORM SA3E. PAGE 1b.			Accoont	114G FEMOD: 2019/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Board of Water Electric and Communications Trustees			61128	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communit t community that	ies within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	e parks should b	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank.	If you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Muscatine	IA			First
Fruitland	IA			Community
Mediapolis	IA			
Wilton	IA			
				See instructions for
				additional information on alphabetization.
				on dipilazetizationi
				Add rows as necessary.

	_		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61128

Board of Water Electric and Communications Trustees

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.

BLO	OCK 1			BLOC	K 2		
	NO. OF			П		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	5,886	\$	36.99				
 Service to additional set(s) 				ľ			
 FM radio (if separate rate) 				ľ			
Motel, hotel				ľ			
Commercial	170	\$	36.99	ľ			
Converter				ľ			
Residential				<u> </u>			
Non-residential		•		"			
		†		1 "			

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 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential					
 Pay cable 	\$ 36.9	9 • Motel, hotel	\$ 25.00	Select/Expanded Basic	\$	92.99	
 Pay cable—add'l channel 		Commercial		Preferred	\$ 1	103.99	
 Fire protection 		• Pay cable		Ultimate	\$ 1	163.99	
 Burglar protection 		Pay cable-add'l channel		Digital Converter SD	\$	4.00	
Installation: Residential		Fire protection		Digital Converter HD	\$	6.00	
• First set	\$ 40.0	• Burglar protection		HD/DVR	\$	11.99	
 Additional set(s) 		Other services:		Digital Adapter	\$	2.00	
• FM radio (if separate rate)		• Reconnect	\$ 30.00	HD Plus	\$	4.49	
Converter		Disconnect		IPTV STB	\$	3.99	
		Outlet relocation	\$ 25.00	Spanish Package	\$	11.99	
		 Move to new address 		IPTV Premium STB	\$	6.99	
				Advanced DVR Service	\$	11.99	

	NER OF CABLE SY	STEM:			SYSTEM ID	Namo
Board of Wate	r Electric an	d Commu	nications Tru	ustees	6112	8
PRIMARY TRANSMITT	TERS: TELEVISION	ON				
carried by your cable FCC rules and regula	system during to tions in effect o	the accountin n June 24, 19	g period except 981, permitting t	(1) stations carri the carriage of ce	ns and low power television stations) ed only on a part-time basis under ortain network programs [sections	G
substitute program ba	asis, as explaine	ed in the next	paragraph	. , , , , , , , , , , , , , , , , , , ,	; and (2) certain stations carried on a	Primary Transmitters:
basis under specifc F		-	•	is carried by your	cable system on a substitute progran	Television
·	n here in space	G—but do lis		he Special State	ment and Program Log)—if the	
 List the station here 	, and also in spa nformation cond	ace I, if the st			stitute basis and also on some othe of the general instructions located	
Column 1: List ea	ch station's call	-			ces such as HBO, ESPN, etc. Identify	
			•	•	nation. For example, report multi sch stream separately; for example	
WETA-simulcast).			·	`		
			-		ation for broadcasting over-the-air in is may be different from the channe	
on which your cable s	system carried t	he station		<i>o</i> ,	,	
					dependent station, or a noncommerciaticast), "I" (for independent), "I-M	
(for independent mult	icast), "E" (for n	oncommercia	al educational),	or "E-M" (for non	commercial educational multicast)	
For the meaning of th Column 4: If the s					the paper SA3 form Yes". If not, enter "No". For an ex	
planation of local serv						
					i, stating the basis on which you entering "LAC" if your cable syster	
carried the distant sta	•					
					Ity payment because it is the subjec	
of a written agreemer	nt entered into c	n or before J	une 30, 2009, b	etween a cable s	system or an association representin	
the cable system and	a primary trans	smitter or an a	association repr	esenting the prim	nary transmitter, enter the designa	
the cable system and tion "E" (exempt). For	a primary trans simulcasts, als	smitter or an a o enter "E". If	association repr you carried the	esenting the prime channel on any	•	
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LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
Board of Water	Electric an	d Commu	nications Tru	ıstees	61128	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
PRIMARY TRANSMITTE In General: In space Coarried by your cable is ECC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute station was carried in List the station was carried in List the station was carried in List the station was carried in List each multicast stream as "WETA WETA-simulcast). Column 1: List each each multicast stream as "WETA WETA-simulcast). Column 2: Give the station of licens on which your cable sy Column 3: Indicate educational station, by for independent multicated the distant statification of local service Column 5: If you have been carried the distant statification of local service the retransmiss of a written agreement the cable system and a sion "E" (exempt). For sexplanation of these the	ERS: TELEVISION CAN INTERIOR STATE CONTROL CON	y television sethe accounting June 24, 18 (4), or 76.63 (ed in the next respect to an ations, or autile G—but do listitute basis ace I, if the station ground in June 24, 18 (1) to he station account of the station whether the setter "N" (for respect to an account of the station whether the setter "N" (for respect to yof the station whether the setter "N" (for respect to local series (v) of the station whether the setter "N" (for respect to local series (v) of the station whether the setter "N" (for respect to local series (v) of the station of the station of the station or before Jesmitter or an account of the series (v), see page (v) of the station or before Jesmitter or an account of the series (v), see page (v)	tation (including g period except 181, permitting t referring to 76.6 paragraph y distant station norizations: st it in space I (that ation was carried it the basis station report origination or to be reported in the sassigned to the period of the general instruction of the general instruct	translator station (1) stations carrie he carriage of cer 51(e)(2) and (4))]; is carried by your he Special Staten and both on a substant, see page (v) on program service ver-the-air design column 1 (list each the television statington, D.C. This ork station, an incomplete column 5 (for network multion "E-M" (for noncuctions located in the television station in the column 5 (indicate by elactivated channel subject to a royal etween a cable syeseenting the prime channel on any constructions located in activated channel on any constructions located in the channel on the channel on the channel on the channel of the channel on the cha	s and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the ditute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example tion for broadcasting over-the-air in a may be different from the channe dependent station, or a noncommercia cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form (es". If not, enter "No". For an ex the paper SA3 form stating the basis on which you intering "LAC" if your cable syster capacity ty payment because it is the subject yetem or an association representin arry transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form	G Primary Transmitter Television
					ty to which the station is licensed by the	
FCC. For Mexican or 0 Note: If you are utilizin				•	th which the station is identifed	
Tote: II you are utilizin	ig multiple cha		•	•	r Grianner inne-up.	
	<u> </u>	CHANN	EL LINE-UP	АВ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBQD	8-3	N-M	No		Davenport, IA	
WHBF	4-1	N-M	No		Rock Island, IL	"
WQAD	8-1	N-M	No	-	Moline, IL	10
WQPT	24-1	N-M	No	-	Moline, IL	H

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61128 **Board of Water Electric and Communications Trustees** PRIMARY TRANSMITTERS: RADIO Н 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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

FURINI SASE. PAGE 5.						ACCOUNTING	PERIOD: 2019/2
LEGAL NAME OF OWNER OF Board of Water Electri			ns Trustees		\$	61128	Name
SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the ar explanation of the programm	ify every non	nnetwork televiseriod, under spe	sion program broadcast by a ecific present and former FC	a distant stati C rules, regu	lations, or authorizations.	For a further	I
form.							Substitute
1. SPECIAL STATEMENT							Carriage: Special
 During the accounting per broadcast by a distant star 		ır cable system	n carry, on a substitute bas	is, any nonn	etwork television progra		Statement and
Note: If your answer is "No		rest of this pag	ge blank. If your answer is	"Yes," you m			Program Log
log in block 2.							
2. LOG OF SUBSTITUTE In General: List each substitute.			ate line. Use abbreviations	wherever po	ssible if their meaning i	s	
clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the prograr Column 3: Give the call	ice, please of every no distant stat gulations, cution. Do no Lucy" or "NE in was broad sign of the sadcast static	attach addition nnetwork televion and that your authorization of use general BA Basketball: dcast live, entestation broadcaph's location (tl	al pages. rision program (substitute pour cable system substitute is. See page (vi) of the gereategories like "movies", o 76ers vs. Bulls." or "Yes." Otherwise enter "I asting the substitute programe community to which the	orogram) that ad for the pro neral instructi "basketball" No." um. station is lic	t, during the accounting gramming of another stations located in the paper '. List specific program ensed by the FCC or, in	ation	
Column 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."	oth and day we "5/7." les when the Example: a ler "R" if the and regulation ogramming	when your system substitute program carrolisted program ons in effect di	etem carried the substitute ogram was carried by your ied by a system from 6:01: It was substituted for progra ouring the accounting period	program. Us cable systen 15 p.m. to 6: amming that l; enter the le	e numerals, with the monounce n. List the times accurate 28:30 p.m. should be your system was require teter "P" if the listed pro	ely	
				WHE	EN SUBSTITUTE	7 DEACON	
S		E PROGRAM	<u> </u>		IAGE OCCURRED	7. REASON FOR	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
						"	
					<u> </u>		
						"	
						"	
						,,	
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						"	

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

	1									
Name	Board of Wa		E SYSTEM: and Communic	cations Trust	ees	S			S	YSTEM ID# 61128
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."									
			DATES	S AND HOURS	OF F	PART-TIME CAF	RRIAGE			
	CALL SIGN	WHEN	CARRIAGE OCC			CALL SIGN	WHEN	CARRIAGE O		
		DATE	HOU FROM	TO			DATE	FROM	OUR	TO
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			_							

	eal name of owner of cable system: pard of Water Electric and Communications Trustees	SYSTEM ID# 61128	Name
Inst all a (as i page	COSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the transmits (gross receipts) paid to your cable system by subscribers for the system's secondary transmission sidentified in space E) during the accounting period. For a further explanation of how to compute this amount, ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	service see	K Gross Receipts
IMP	during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gro	1,459,351.70 pss receipts)	
• Com • Com • If you fee the lifty of according to the lifty of according to the lifty of the li	PRIGHT ROYALTY FEE Juctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable parts of the DSE Scheen companying this form and attach the schedule to your statement of account. Art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of	dule	L Copyright Royalty Fee
bloc	ck 3 below. art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in b		
3 be ▶ If pa	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line of block 4 below.		
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	1,403,001.70	
	This is your minimum fee.	15,527.50	
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gav space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. X No—Leave block 3 below blank and complete line 1, block 		
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here \$	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	15,527.50	Cable systems submitting additional
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	725.00	additional fees.
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	16,252.50	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID # 00010000024		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more informat	ion.)	

ACCOUNTING PERIOD: 2019/2
FORM SA3E, PAGE 8.

		FURIVI SASE, PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Board of Water Electric and Communications Trustees	SYSTEM ID# 61128
M Channels	CHANNELS Instructions: 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.	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	4
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	6
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Diana Sperling Telephone 563-262-34	415
	Address 3205 Cedar Street (Number, street, rural route, apartment, or suite number)	
	Muscatine, IA 52761 (City, town, state, zip)	
	Email diana.sperling@mpw.org Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as iden in line 1 of space B and that the owner is not a corporation or partnership; or	tified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable in line 1 of space B.	e system
	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)]	
	X /s/ Erika Cox	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and p button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: Erika Cox	
	Title: Director, Customer & Tech Experience (Title of official position held in corporation or partnership)	
	Date: February 21, 2020	

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 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 Offce'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 suffciency of the fling, a determination that would be made by a court of lav

ACCOUNTING PERIOD: 2019/2
FORM SA3E, PAGE 8.

			FURIVI SASE, PAGE 6.	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WTC Communications, Inc.			
M Channels	CHANNELS Instructions: 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.			
		of channels on which the cable broadcast stations	14	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services			
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)			
Be Contacted for Further Information	Name Stacie Harris Telephone 563-732-3000			
	Address PO Box 970 (Number, street, rural route, apartment, or suite number) Wilton 1A 52779			
	Wilton, IA 52778 (City, town, state, zip)			
	Email sta	cie@wtccommunications.com Fax (optional)		
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)			
Certifcation	 I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (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 (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. 			
	are true, complete, and corr	have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein e true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. B U.S.C., Section 1001(1986)]		
		/s/ Stacie Harris		
	(e.g., /s	n electronic signature on the line above using an "/s/" signature to certify this statement. s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.		
	Тур	ed or printed name: Stacie Harris		
	Title	: Chief Financial Officer (Title of official position held in corporation or partnership)		
	Date	e: January 30, 2020	111111111111111111111111111111111111111	

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