

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015
 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA1-2
 Short Form**

STATEMENT OF ACCOUNT
*for Secondary Transmissions
 by Cable Systems (Short Form)*

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
2/18/2021	\$
	ALLOCATION NUMBER

Return to:
 Library of Congress
 Copyright Office-LD
 101 Independence Avenue SE
 Washington, DC 20557-6400
 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)			
	<input type="checkbox"/> January 1–June 30 (Year)		<input checked="" type="checkbox"/> July 1–December 31 2020 (Year)	
B Owner	<p>INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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.</p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <u>63194</u></p>			
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: COOPERATIVE TELEPHONE EXCHANGE		63194
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT): COOPERATIVE TELEPHONE EXCHANGE		
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 425 PARKER ST PO BOX 95 (Number, street, rural route, apartment, or suite number) STANHOPE, IA 50246 (City, town, state, zip)		
C System	<p>Instructions: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>			
	1	IDENTIFICATION OF CABLE SYSTEM:		
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip)		
D Area Served	<p>Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the <i>first community on all future filings</i>.</p> <p>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.</p>			
First Community	CITY OR TOWN	STATE	CITY OR TOWN	STATE
	STANHOPE	IA		
	KAMRAR	IA		

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COOPERATIVE TELEPHONE EXCHANGE	63194
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E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

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

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

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	292	\$71.95			
• Service to additional set(s)	459	\$5.00			
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
• Residential					
• Nonresidential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.


BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		PREMIUMS	
• Pay cable		• Motel, hotel		HBO	\$17.95
• Pay cable—add'l channel		• Commercial		CINEMAX	\$12.95
• Fire protection		• Pay cable		SHOWTIME	\$17.95
• Burglar protection		• Pay cable—add'l channel		STARZ	\$14.95
Installation: Residential		• Fire protection		CINEMAX + OTHER	\$24.95
• First set	\$25.00	• Burglar protection			
• Additional set(s)	\$10.00	Other Services:			
• FM radio (if separate rate)		• Reconnect	\$5.00		
• Converter		• Disconnect			
		• Outlet relocation			
		• Move to new address	\$25.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: COOPERATIVE TELEPHONE EXCHANGE				63194	Name
<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>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, <i>except</i> (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.</p> <p>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:</p> <ul style="list-style-type: none"> Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement Program Log)—if the station was carried <i>only</i> 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. <p>Column 1: List each station's call sign. Do <i>not</i> 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).</p> <p>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.</p> <p>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.</p> <p>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.</p>					<p>G</p> <p>Primary Transmitters: Television</p>
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
KDMI	56.1	I	DES MOINES, IA		
KDMI	56.3	I-M	DES MOINES, IA		
WOIDT	5.1	N	AMES/DES MOINES, IA		
WOID2	5.2	N-M	AMES/DES MOINES, IA		
WOID3	5.3	N-M	AMES/DES MOINES, IA		
WOID4	5.4	N-M	AMES/DES MOINES, IA		
KCCIDT	8.1	N	DES MOINES, IA		
KCCIDT2	8.2	N-M	DES MOINES, IA		
KCCIDT3	8.3	N-M	DES MOINES, IA		
IPTVDT	11.1	E	DES MOINES, IA		
IPTVD2	11.2	E-M	DES MOINES, IA		
IPTVD3	11.3	E-M	DES MOINES, IA		
IPTVD4	11.4	E-M	DES MOINES, IA		
WHODT	13.1	N	DES MOINES, IA		
WHOD2	13.2	N-M	DES MOINES, IA		
WHOD3	13.3	N-M	DES MOINES, IA		
WHOD4	13.4	N-M	DES MOINES, IA		
KKDSMDT	17.1	I	DES MOINES, IA		
KDSMDT2	17.2	I-M	DES MOINES, IA		
KDSMDT3	17.3	I-M	DES MOINES, IA		
KDSMDT4	17.4	I-M	DES MOINES, IA		
KCWIDT	23.1	I	DES MOINES, IA		
KCWID2	23.2	I-M	DES MOINES, IA		
KCWID3	23.3	I-M	DES MOINES, IA		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COOPERATIVE TELEPHONE EXCHANGE	63194
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K Gross Receipts	<p>GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vi) of the general instructions.</p> <ul style="list-style-type: none"> Gross receipts from subscribers for secondary transmission service(s) during the accounting period. <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>	<p>\$ 154,518.30 (Amount of gross receipts)</p>
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L Copyright Royalty Fee	<p>COPYRIGHT ROYALTY AND FILING FEES Instructions: To compute the royalty fee you owe:</p> <ul style="list-style-type: none"> 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 <p>See page (vi) of the general instructions for more information.</p>
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
<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>	
<p>Line 1. Royalty fee for accounting period \$ 52.00</p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 \$</p> <p>Line 3. Filing Fee \$ 15.00</p> <p>Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2 and 3 \$</p>	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
<p>1. Base amount under statutory formula \$263,800</p> <p>2. Enter amount of gross receipts from space K \$ 154,518.30</p> <p>3. Subtract line 2 from line 1 \$ 109,281.70</p> <p>4. Enter the amount of gross receipts from space K \$ 154,518.30</p> <p>5. Enter the amount from line 3 \$ 109,281.70</p> <p>6. Subtract line 5 from line 4 \$ 45,236.60</p> <p>7. Multiply line 6 by .005 (enter figure here) \$ 226.19</p> <p>8. Interest charge. Enter the amount from line 4, space Q, page 8 \$ 0.00</p> <p>9. Filing Fee \$ 20.00</p> <p>10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9 \$ 246.19</p>	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
<p>1. Enter the amount of gross receipts from space K \$</p> <p>2. Base amount under statutory formula \$ 263,800</p> <p>3. Subtract line 2 from line 1 \$</p> <p>4. Multiply line 3 by .01 \$</p> <p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319</p> <p>6. Interest Charge. Enter the amount from line 4, space Q, page 8 \$</p> <p>7. Filing Fee \$ 20.00</p> <p>8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7 \$</p>	
<p>IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i>. See page I of the general instructions for more information.</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: COOPERATIVE TELEPHONE EXCHANGE	63194	Name
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.		M
1. Enter the total number of channels on which the cable system carried television broadcast stations.	28	Channels
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	319	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)		N
Name <u>ROGER F. ANDERSON</u> Telephone <u>515-826-3206</u> <small>(Area code)</small>	Individual to Be Contacted for Further Information	
Address <u>425 PARKER ST PO BOX 95</u> <small>(Number, street, rural route, apartment, or suite number)</small> <u>STANHOPE, IA 50246</u> <small>(City, town, state, zip)</small>		
Email (optional) <u>cooptelx@netins.net</u> Fax (optional) <u>515-826-3200</u>		
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)		O
• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)		
<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		
<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		
<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.		
• 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. [See 18 U.S.C. sec.1001]		
	Handwritten signature: <u><i>Roger F. Anderson net.</i></u>	
Typed or printed name: <u>ROGER F. ANDERSON</u>		
Title: <u>GENERAL MANAGER</u> <small>(Title of official position held in corporation or partnership)</small>		
Date: <u>02/17/2021</u>		

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COOPERATIVE TELEPHONE EXCHANGE		63194								
P Special Statement Concerning Gross Receipts Exclusions	<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</p> <p>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."</p> <p>For more information on when to exclude these amounts, see the note on page (vi) of the general instructions.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Name</td> <td style="width:50%; padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Mailing address</td> <td style="padding: 2px;">Mailing address</td> </tr> <tr> <td style="padding: 2px;">.....</td> <td style="padding: 2px;">.....</td> </tr> <tr> <td style="padding: 2px;">.....</td> <td style="padding: 2px;">.....</td> </tr> </table>			Name	Name	Mailing address	Mailing address
Name	Name										
Mailing address	Mailing address										
.....										
.....										
Q Interest Assessment	<p>INTEREST ASSESSMENT</p> <p>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 (vi) of the general instructions.</p> <p>Line 1. Enter the amount of late payment or underpayment \$ _____</p> <p style="text-align: right;">x _____ %</p> <p>Line 2. Multiply line 1 by the interest rate* and enter the sum here _____</p> <p style="text-align: right;">x _____ days</p> <p>Line 3. Multiply line 2 by the number of days late and enter the sum here _____</p> <p style="text-align: right;">x .00274</p> <p>Line 4. Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6 \$ _____</p> <p style="text-align: right;">(interest charge)</p> <p>* 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.</p> <p>**This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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.</p> <p>Owner</p> <p>Address</p> <p>.....</p> <p>ID number.....</p> <p>First community served.....</p> <p>Accounting period.....</p>										

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RA-1 Electronic Funds Transfer Remittance Advice for Cable/Satellite

Reset Form

Email Form

Complete and email this form to licfiscal@copyright.gov or fax to (202) 707-0905 and attach a copy to the Statement(s) of Account.
NOTE: For prior and current accounting periods, the appropriate interest fee(s) if applicable, *must* be added to the royalty fees.
 Interest rate information is available at <http://www.copyright.gov/licensing/interest-rate.pdf>.

Remitter's (company) name COOPERATIVE TELEPHONE EXCHANGE

Contact person Roger F. Anderson or Jody Draeger

Telephone number 515-826-3206 Email cooptelx@netlns.net

Date of EFT (actual or anticipated) 02/18/2021 Type of EFT FedWire ACH

Type of royalty payment Cable Satellite Type of SOA Paper Electronic (Cable only)

NOTE: Check both boxes if filing paper and electronic. Indicate electronic (E) filing with ID # (ex. 12345E).

Total amount of EFT \$ 246.19

Legal name (See space B of Statement of Account) _____

YEAR	PERIOD	ID # (AND ENTER E IF APPLICABLE)	FIRST COMMUNITY SERVED (CITY & STATE)	FILING FEES	ROYALTY FEES	INTEREST FEES	TOTAL FEES	
1	2020	2	63194	Stanhope/Kamrar, IA	\$ 20.00	\$ 226.19	\$ 0.00	\$ 246.19
2								\$ 0.00
3								\$ 0.00
4								\$ 0.00
5								\$ 0.00
6								\$ 0.00
7								\$ 0.00
8								\$ 0.00
9								\$ 0.00
10								\$ 0.00
11								\$ 0.00
12								\$ 0.00
13								\$ 0.00
14								\$ 0.00
15								\$ 0.00
16								\$ 0.00
17								\$ 0.00
18								\$ 0.00

YEAR	PERIOD	ID # (AND ENTER E IF APPLICABLE)	FIRST COMMUNITY SERVED (CITY & STATE)	FILING FEES	ROYALTY FEES	INTEREST FEES	TOTAL FEES
19							\$ 0.00
20							\$ 0.00
21							\$ 0.00
22							\$ 0.00
23							\$ 0.00
24							\$ 0.00
25							\$ 0.00
26							\$ 0.00
27							\$ 0.00
28							\$ 0.00
29							\$ 0.00
30							\$ 0.00
31							\$ 0.00
32							\$ 0.00
33							\$ 0.00
34							\$ 0.00
35							\$ 0.00
36							\$ 0.00
37							\$ 0.00
38							\$ 0.00
39							\$ 0.00
40							\$ 0.00
41							\$ 0.00
42							\$ 0.00
43							\$ 0.00
44							\$ 0.00
45							\$ 0.00
46							\$ 0.00
47							\$ 0.00
48							\$ 0.00
49							\$ 0.00
50							\$ 0.00

FILING FEES \$ 20.00 ROYALTY FEES \$ 226.19 INTEREST FEES \$ 0.00 TOTAL FEES \$ 246.19

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