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 |
| 2/8/2021 | \$ 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.

| Accounting | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.) January 1-June 30 | | | | | | | | | |
|----------------------------|--|---|----------------------|---------------|---|--|--|--|--|--|
| Period | (Year) (Year) | | | | | | | | | |
| B Owner | Give corp In If to a sing | 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. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 63659 | | | | | | | | |
| | 1 | LEGAL NAME OF OWNER OF C | ABLE SYSTEM: | | | | | | | |
| | | Farmers Telephone Compa | ny | | 63659 | | | | | |
| | 2 | BUSINESS NAME(S) OF OWNER | R OF CABLE SYSTEM (I | F DIFFERENT): | | | | | | |
| | 3 | MAILING ADDRESS OF OWNER 404 4th Street (Number, street, rural route, apartment, or sui Batavia, IA 52533 (Oity, town, state, zip) | te number) | | | | | | | |
| С | 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. | | | | | | | | | |
| System | 1 | IDENTIFICATION OF CABLE SYS | STEM: | | | | | | | |
| | | MAILING ADDRESS OF CABLE S | SYSTEM: | | | | | | | |
| | 2 | (Number, street, rural route, apartment, or suit | | | | | | | | |
| D Area Served | in FC areas of sys Note: | 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 first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. | | | | | | | | |
| | | CITY OR TOWN | STATE | CITY OR TOWN | STATE | | | | | |
| First ▶ | Batay | /ļa | lowa | , | | | | | | |
| Community | | | | | ., | | | | | |
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public Indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filling, a determination that would be made by a court of law.

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | Name |
|--|---|--|--|---------------------|
| Farmers Telephone Company | : | | 63659 | |
| Instructions: List each separate community in FCC rules: "a separate and distinct community areas and including single, discrete unincorp of system identification hereafter known as to Note: Entities and properties such as hotels, as identified city. | munity or municipal ent porated areas)." 47 C.F.I the "first community." Pl | ity (including unincorporated communities A. §76.5(dd). The first community that you li lease use it as the first community on all fut | within unincorporated st will serve as a form ure filings. | D Area Served |
| OFTY OF TOWN | STATE | CITY OR TOWN | STATE | |
| CITY OR TOWN | SIAIL | OH TOK YOUN | 31/11 | A Final |
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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 | NO. OF SUBSCRIBERS RATE | | | |
| Residential: •Service to first set | 272 | | | | | |
| Service to instructional set(s) FM radio (if separate rate) | 232 | | | | | |
| 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 2 | | | | |
|---|------------------------------|---------------------|-------------------------------|---------------------|------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE |
| Continuing Services: Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter | \$87.95 \$7.50 \$99.95 | Out - Out - out | \$99.95 \$30.00 \$75.00 | | |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Farmers Telephone Company

63659

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 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 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).

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.

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.

| | CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
|------------------|-------------------|--------------------------|------------------------|
| KCCI ME TV | 333 | N | Des Moines, IA |
| KTVO-ABC | 3 & 600 | N | Kirksvilie, MO |
| KDIM DT | 66 | | Des Moines, IA |
| KYOU CW | 160 | N | Ottumwa, IA |
| KCCI CBS | 8 & 332 | N | Des Moines, IA |
| KCCI CBS | 8.3 & 213 | N | Des Moines, IA |
| KFPX ION | 96 & 353 | | Des Moines, IA |
| KFPX2 | 354 | i | Des Moines, IA |
| KDIN IPTV | 11 & 338 | E | Des Moines, IA |
| WHO NBC | 13 & 342 | N | Des Moines, IA |
| KTVO CBS | 4 & 335 | N | Kirksville, MO |
| KYOU FOX | 15 & 334 | N | Ottumwa, IA |
| KYOU NBC | 16 & 355 | N | Ottumwa, IA |
| KYOU Grit | 14 | N | Ottumwa, IA |
| KYOU Justice | 161 | N | Ottumwa, IA |
| KDIN IPTV Kids | 341 | .Ε | Des Moines, IA |
| KDIN IPTV World | 340 | Е | Des Moines, IA |
| KDIN IPTV Create | 339 | E | Des Moines, IA |
| WHO Weather | 343 | N | Des Moines, IA |
| ANTENNA TV | 344 | N | Des Moines, IA |
| KYOU Circle | 17 | N | Ottumwa, IA |
| KTVO Comet | 44 & 350 | N | Kirksville, MO |
| KDSM DT Fox | 349 | N | Ottumwa, IA |

G

Primary Transmitters: Television

| Name | Farmers Te | | | | | | | 63659 | |
|----------------------------------|--|---|--|--|--|--|--|---|--|
| H | 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. | | | | | | | | |
| Primary ransmitters: Radio | receivable if (the basis of n detailed infor Column 1 Column 2 Column 3 signal, indica Column 4 | (1) it is carried nonitoring, to mation abou lidentify the state wheth if the radio ate this by plate this by plate the state whe state the state | f by the best of the tendent of ten | ing All-Band FM Carriage e system whenever it is received at the headend, with he Copyright Office regula gn of each station carried. e station is AM or FM. n's signal was electronicall a check mark in the "S/D" location (the community to f any, the community with | eived at the syst the system's FM tions on this pol y processed by column. o which the stat | em's header A antenna, de nt, see page the cable sy- | nd; an uring ((iv) o stem ed by | d (2) it can be <i>expected</i> , opertain stated intervals. Fire the general instructions as a separate and discre | |
| | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATIO | |
| | 5.12.5(6)4 | 1 01 1 101 | 3, 5 | | | 1 21 7 77 | | | |
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| ORIVI SA 1-2. PAGE 5. | | | | | | | |
|---|---|--|--|---|--|--|---|
| | AL NAME OF OWNER OF CABLE SYSTEM: rmers Telephone Company 63659 | | | | | | Name |
| SUBSTITUTE CARRIAG In General: In space I, iden system carried on a substitut tions, or authorizations. For the general instructions. | tify <i>every no</i> e <i>basi</i> s durir | <i>nnetwork telev</i> ig the accounti | <i>rision program</i> , broadca ng period, under specifi | ast by a <i>dis</i> ic present a | and former FCC ru | ıles, regula- | Substitute Carriage: |
| SPECIAL STATEMENT C During the accounting per broadcast by a distant state Note: If your answer is "No," log in block 2. | iod, did your tion? | cable system | carry, on a substitute ba | ☐ Ye | s ■ No | | Special Statement and Program Log |
| 2. LOG OF SUBSTITUTE PI In General: List each substitelear. If you need more space Column 1: Give the tittle of period, was broadcast by a dunder certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. E Column 2: If the program Column 3: Give the call si Column 4: Give the broad the case of Mexican or Cana Column 5: Give the month first. Example: for May 7, giv Column 6: State the times to the nearest five minutes. E as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and | tute programe, please attered fevery nonrestant stations, or a selike "movi Bulls." was broadcogn of the stational day where the selection of the stational and day where "5/7." when the sexample: a programme | ach additional network television and that your cauthorizations. es" or "basketl ast live, enter "tion broadcast's location (the s, if any, the coluen your system ubstitute program carried ted program win effect during | pages. Ion program ("substitute cable system substitute See page (v) of the genball." List specific programs." Otherwise, entering the substitute programmunity to which the carried the substitute am was carried by your by a system from 6:01:1 as substituted for programs and the substituted the accounting period | e program" d for the program titles, for the program. "No." ram. ne station is program. U cable syste 5 p.m. to 6 ramming the center the left |) that, during the ogramming of anostions for further it or example, "I Low slicensed by the identified). Itse numerals, with the List the times 128:30 p.m. shoul at your system wetter "P" if the lister | accounting ther station information. We Lucy" or FCC or, in in the month accurately districted as required and program | |
| was substituted for program on October 19, 1976. | JBSTITUTE | | s permitted to delete un | WHEN | ules and regulatio SUBSTITUTE GE OCCURRED | 7. REASON | |
| 1. 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 | FOR DELETION | |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: |
|--------------------------|--|
| | Farmers Telephone Company 63659 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vi) of the general instructions. • 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. (Amount of gross receipts) |
| Copyright Royalty Fee | COPYRIGHT ROYALTY AND FILING FEES Instructons: To compute the royalty fee you owe: Complete block 1, block 2, or block 3 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information. |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. Filling Fee \$15.00 |
| | |
| | Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2 and 3 \$\\$ 67.00\$ |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) |
| | 1. Base amount under statutory formula |
| | 2. Enter amount of gross receipts from space K |
| | 3. Subtract line 2 from line 1\$ |
| | 4. Enter the amount of gross receipts from space K |
| | 5. Enter the amount from line 3 |
| | 6. Subtract line 5 from line 4 |
| | 7. Multiply line 6 by .005 (enter figure here) |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 |
| | 9. Filing Fee |
| | 10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9 |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) |
| | |
| | 1. Enter the amount of gross receipts from space K |
| | 2. Base amount under statutory formula |
| | 4. Multiply line 3 by .01 |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) |
| | 6. Interest Charge. Enter the amount from line 4, space Q, page 8 |
| | 7. Filing Fee. \$20.00 |
| | /, Filing Fee. |
| | 8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7 |
| | IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Copyrights. See page i of the general instructions for more information. |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Farmers Telephone Company 63659 | 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 20 | M Channels |
| INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name Vince Tyson Telephone (641)662-2373 (Area code) Address 404 4th Street (Number, street, rural route, apartment, or suite number) Batavia, IA 52533 (City, town, state, zlp) Email (optional) Vtyson@mycmtech.com Fax (optional) | N Individual to Be Contacted for Further Information |
| CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.) 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. 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: Typed or printed name: Vince Tyson Title: General Manager (Title of official position held in corporation or partnership) | O Certification |
| Date: 2/8/2021 | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.