

CONTROL #:

REMITTANCE #:

118035



\$ 1,323.21

Total amount of remittance

1

Number of SAs rec'd

BD

Initials

2 12012019

Date of remittance

Check

EFT

FILING FEE

Cable ID # 8213				Amount/Initials
Examined by JRM	Reviewed by [Signature]	Date examination completed 4-25-19	Allocation number 1008049	\$ 1,323.31 AM

Space A
Accounting
Period

- January 1 – June 30, 20_____
- July 1 – December 31, 20_____
- Letter sent
- Information received
- Accepted Phone call/Date/Contact

Space B
Owner

- Letter sent
- Information received
- Accepted Phone call/Date/Contact

Space D
Area Served

- Letter sent
- Information received
- Accepted Phone call/Date/Contact

Space E
Secondary
Transmission
Service
Subscribers:
and Rates

- Letter sent
- Information received
- Accepted Phone call/Date/Contact

Space G
Primary
Transmitters:
Television

- Letter sent
- Information received
- Accepted Phone call/Date/Contact

Space H
Primary
Transmitters:
Radio

- Accepted Phone call/Date/Contact

<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space I Substitute Carriage
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space J Part-time Carriage Log (SA3 only)
\$ 262,231 <input checked="" type="checkbox"/> Letter sent 4-25-19 <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Information received 4-25-19 <input type="checkbox"/> Phone call/Date/Contact	Space K Gross Receipts
<input type="checkbox"/> Royalty Fee should be \$ <input checked="" type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Refund request to fiscal <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space M Channels
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space O Certification
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space P Statement of Gross Receipts
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Info/add'l fee received <input type="checkbox"/> Phone call/Date/Contact	Space Q Interest Assessment

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011
 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)*

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
LICENSING DIVISION	\$ 1,323.31
FEB 26 2019	JRM
RECEIVED	ALLOCATION NUMBER
	1008049

Return to:
 Library of Congress
 Copyright Office
 Licensing Division
 101 Independence Ave. SE
 Washington, DC 20557-6400
 (202) 707-8150

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

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 2018 (Year)

B Owner	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. <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>8213</u>	
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northeast Iowa Telephone Co CATV
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 800 S. Main St. (Number, street, rural route, apartment, or suite number) Monona, IA 52159 (City, town, state, zip)

C System	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.	
	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	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</i> 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 Community	Monona	IA	St. Olaf	IA
		Luana	IA		
	Farmersburg	IA			

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.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
Northeast Iowa Telephone Co CATV

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: <ul style="list-style-type: none"> • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter <ul style="list-style-type: none"> • Residential • Nonresidential 	51	\$29.95	Digital TV	587	\$73.95

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: <ul style="list-style-type: none"> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential <ul style="list-style-type: none"> • First set • Additional set(s) • FM radio (if separate rate) • Converter 	\$15.00 \$14.50 \$99.00	Installation: Non-residential <ul style="list-style-type: none"> • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other Services: <ul style="list-style-type: none"> • Reconnect • Disconnect • Outlet relocation • Move to new address 	 \$25.00 \$10.00	HD Equipment Fee DVR Whole Home DVR	\$4.95 \$4.95 \$4.95

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
Northeast Iowa Telephone Co CATV

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. \$ 240,053

(Amount of gross receipts)

IMPORTANT: You must complete a statement in space P concerning gross receipts.

L
Copyright Royalty Fee

COPYRIGHT ROYALTY AND FILING FEES
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 \$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 \$ 52.00

Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 \$

Line 3. **Filing Fee** \$ 15.00

Line 4. **TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.**
Add lines 1, 2 and 3 \$

BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)

1. Base amount under statutory formula \$263,800

2. Enter amount of gross receipts from space K \$ 262,231

3. Subtract line 2 from line 1 \$ 1,569

4. Enter the amount of gross receipts from space K \$ 262,231

5. Enter the amount from line 3 \$ 1,569

6. Subtract line 5 from line 4 \$ 260,662

7. Multiply line 6 by .005 (enter figure here) \$ 1,303.31

8. Interest charge. Enter the amount from line 4, space Q, page 8 \$ 0.00

9. **Filing Fee** \$ 20.00

10. **TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.**
Add lines 7, 8 and 9 \$ 1,323.31

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 \$ 263,800

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 formula) \$ 1,319

6. Interest Charge. Enter the amount from line 4, space Q, page 8 \$

7. **Filing Fee** \$ 20.00

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: Northeast Iowa Telephone Co CATV	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 Channels
1. Enter the total number of channels on which the cable system carried television broadcast stations.	<input style="width: 100px; height: 20px;" type="text" value="16"/>
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	<input style="width: 100px; height: 20px;" type="text" value="225"/>
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N Individual to Be Contacted for Further Information
Name <u>Steve Hanson</u> Telephone <u>563-539-2122</u> <small>(Area code)</small>	
Address <u>800 S. Main St.</u> <small>(Number, street, rural route, apartment, or suite number)</small> <u>Monona, IA 52159</u> <small>(City, town, state, zip)</small>	
Email (optional) <u>shanson@neitel.com</u> Fax (optional) <u>563-539-2003</u>	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	O Certification
<ul style="list-style-type: none"> • 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.	
<ul style="list-style-type: none"> • 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: <u>David Byers</u>	
Title: <u>Chief Operations Officer</u> <small>(Title of official position held in corporation or partnership)</small>	
Date: <u>2/12/19</u>	

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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
Northeast Iowa Telephone Co CATV

P
Special Statement Concerning Gross Receipts Exclusions

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A) of the Copyright Act by adding the following sentence:
"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."
For more information on when to exclude these amounts, see the note on page (vi) of the general instructions.

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

Name	Name
Mailing address	Mailing address
.....
.....

Q
Interest Assessment

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 (vii) of the general instructions.

Line 1. Enter the amount of late payment or underpayment \$ _____
x _____ %

Line 2. Multiply line 1 by the interest rate* and enter the sum here _____
x _____ days

Line 3. Multiply line 2 by the number of days late and enter the sum here _____
x .00274

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 \$ _____
(interest charge)

* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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 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.

Martin, Jessica

From: Steve Hanson <shanson@neitel.com>
Sent: Thursday, April 25, 2019 10:45 AM
To: Martin, Jessica
Subject: RE: Northeast Iowa Telephone CO - 2018/2 Statement of Account (ID #8213) Spaces K and L

Ms. Martin,

It appears that the amount entered in Space K was incorrect and should have been \$262,231, as entered in Space L. The payment that was made of \$1,323.31 was correct.

Please advise if you need a revised Statement of Account submitted that revises Space K from \$240,053 to the correct \$262,231.

Thank you,

Steve Hanson

Director of Business Development
Office: 563-539-2122
Cell: 563-537-1007
shanson@neitel.com

On The Web:



From: Martin, Jessica [<mailto:jema@copyright.gov>]
Sent: Thursday, April 25, 2019 9:28 AM
To: Steve Hanson
Subject: Northeast Iowa Telephone CO - 2018/2 Statement of Account (ID #8213) Spaces K and L
Importance: High



Licensing Division · United States Copyright Office
Library of Congress · 101 Independence Avenue SE · Washington, DC 20557-6400
TEL (202) 707-8150 · FAX (202) 707-0905 · www.copyright.gov

April 25, 2019

Mr. Steve Hanson
Northeast Iowa Telephone CO
800 S Main St
Monona, IA 52159

RE: Northeast Iowa Telephone CO – 2018/2
Monona, IA (ID #8213)

Dear Mr. Hanson:

It appears as if an underpayment has occurred on the above referenced statement of account. In Space K, the total gross receipts amount of \$240,053.00 was reported, however, \$262,231.00 was used in Space L to calculate the royalty fee. Please review and verify the correct amount

If an underpayment has occurred, please submit the additional amount including interest in the form of an EFT to this office. Interest at the rate of 1.000% began to accrue on March 4, 2019. I have also enclosed a copy of Space Q for your interest calculations. Please fax (202-707-0905) the enclosed remittance advice form to this office when making your payment so we can properly allocate it to the correct statement. For more information, please visit www.copyright.gov/licensing.

The submission of a Statement of Account lacking the required information or fees may jeopardize the validity of your statutory license, and your secondary transmission activity may be subject to full liability under the copyright act. Without a statutory license, a cable system could be sued by copyright owners for the full range of civil remedies for copyright infringement, including injunctions, actual damages and profits, or statutory damages (of up to \$150,000 in cases of willful infringement). The statute also provides for criminal penalties in cases of willful infringement for commercial purposes.

If you have any questions, I can be reached at (202) 707-8129, or via email at jema@loc.gov.

Sincerely,

Jessica Martin

Licensing Examiner
Licensing Division
(202) 707-8129 (office)
(202) 707-0905 (fax)

Notice: Please be aware that any email correspondence associated with the examination of licensing documents may be considered part of the office's public record and may be subject to disclosure to other parties upon request.

To help us serve you better, please participate in an anonymous survey:
<https://www.surveymonkey.com/r/LDcustomerfeedback>.

Martin, Jessica

From: Martin, Jessica
Sent: Thursday, April 25, 2019 10:28 AM
To: 'Steve Hanson'
Subject: Northeast Iowa Telephone CO - 2018/2 Statement of Account (ID #8213) Spaces K and L
Attachments: refunds.pdf; NEiowa.2018.2.pdf
Importance: High



Licensing Division · United States Copyright Office
Library of Congress · 101 Independence Avenue SE · Washington, DC 20557-6400
TEL. (202) 707-8150 · FAX (202) 707-0905 · www.copyright.gov

April 25, 2019

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Northeast Iowa Telephone CO
800 S Main St
Monona, IA 52159

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Monona, IA (ID #8213)

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If you have any questions, I can be reached at (202) 707-8129, or via email at jema@loc.gov.

Sincerely,

Jessica Martin

Licensing Examiner
Licensing Division
(202) 707-8129 (office)
(202) 707-0905 (fax)

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To help us serve you better, please participate in an anonymous survey:
<https://www.surveymonkey.com/r/LDcustomerfeedback>.

NOVITEX GOVERNMENT SOLUTIONS
CAPITOL HEIGHTS MAIL FACILITY
5-6000

LOC

FROM: NEIT
CARR: United States Postal Service
TRK#: 70180360000193024408
DATE: 2/26/2019 TIME: 0530

TO: COPY-MIX OFFICE
OFFICE: LICENSING DIVISION
BUILDING: MADISON
MS: COPY-MIX