

CONTROL #:

REMITTANCE #: 123369



\$ 1,423.00

Total amount of remittance

1

Number of SAs rec'd

DC

Initials

7/26/22

Date of remittance

Check

EFT

FILING FEE

Cable ID # 63435

Amount/Initials

Examined by

Reviewed by

Date examination completed

Allocation number

AM

11/8/22

1053919

\$ 1,423.00 AM

Space A
Accounting
Period

January 1 - June 30, 20 22

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

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

**SA1-2
Short Form**

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

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

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
LICENSING DIVISION AUG - 5 2022 RECEIVED	\$ 1423.00 DC
	ALLOCATION NUMBER
	1053919

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)				
	<input checked="" type="checkbox"/> January 1–June 30 2022 (Year)		<input type="checkbox"/> July 1–December 31 (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. <i>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.</i> <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 Section. _____				
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: C-M-L Telephone Cooperative Association			
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):			
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 208 Eagle Street <small>(Number, street, rural route, apartment, or suite number)</small> Meriden, IA 51037 <small>(City, town, state, zip)</small>			
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: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip)</small>			
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 on all future filings</i> . 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	Meriden	Iowa	Cleghorn	Iowa
		Larrabee	Iowa	Archer	Iowa
	

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:
C-M-L Telephone Cooperative Association

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	334	\$84.95	Basic	55	\$69.95
• Service to additional set(s)	699		Lifeline	8	\$29.95
• 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			
• Pay cable		• Motel, hotel			
• Pay cable—add'l channel		• Commercial			
• Fire protection		• Pay cable			
• Burglar protection		• Pay cable—add'l channel			
Installation: Residential		• Fire protection			
• First set		• Burglar protection			
• Additional set(s)		Other Services:			
• FM radio (if separate rate)		• Reconnect			
• Converter		• Disconnect			
		• Outlet relocation			
		• Move to new address			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: C-M-L Telephone Coopertive Association
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. \$ 272,205.00 <p style="text-align:right;">(Amount of gross receipts)</p> <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>
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>	
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	\$
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	\$ 0.00
9. Filing Fee	\$ 20.00
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	\$ 272,205.00
2. Base amount under statutory formula	\$ 263,800
3. Subtract line 2 from line 1	\$ 8,405.00
4. Multiply line 3 by .01	\$ 84.05
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	\$ 0.00
7. Filing Fee	\$ 20.00
8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7	\$ 1,423.00
<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: C-M-L Telephone Coopertive Association	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="15"/>
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="192"/>
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>Bruce Johnson</u> Telephone <u>712-443-8222</u> <small>(Area code)</small>	
Address <u>208 Eagle Street</u> <small>(Number, street, rural route, apartment, or suite number)</small>	
<u>Meriden, IA 51037</u> <small>(City, town, state, zip)</small>	
Email (optional) _____ Fax (optional) _____	
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: <u></u>	
Typed or printed name: <u>Bruce Johnson</u>	
Title: <u>GM/CEO</u> <small>(Title of official position held in corporation or partnership)</small>	
Date: <u>7/21/22</u>	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: C-M-L Telephone Coopertive Association								
P Special Statement Concerning Gross Receipts Exclusions	<p>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.</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 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%;">Name</td> <td style="width:50%;">Name</td> </tr> <tr> <td>Mailing address</td> <td>Mailing address</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>	Name	Name	Mailing address	Mailing address
Name	Name								
Mailing address	Mailing address								
.....								
.....								
Q Interest Assessment	<p>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 (vi) of the general instructions.</p> <p>Line 1. Enter the amount of late payment or underpayment \$ _____ x _____ %</p> <p>Line 2. Multiply line 1 by the interest rate* and enter the sum here x _____ days</p> <p>Line 3. Multiply line 2 by the number of days late and enter the sum here 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 \$ _____ (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 Section 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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UNITED STATES COPYRIGHT OFFICE

Pay Royalties for Cable

Remitters must download and attach a completed copy of this form to the Statement(s) of Account submission.

* Remitter's (Company) Name: C-M-L Telephone Cooperative
* Address: 208 Eagle ST., PO Box 18
* City: Meriden * State/Country: Iowa * Postal Code: 51037
* Contact Name: Bruce H Johnson
* Phone Number: (712) 443-8222 * Email Address: amber.lundquist@cmltelephone.com
* Legal Name (See Space B of Statement of Account): C-M-L Telephone Cooperative Association

* Required Filing Instructions

NOTE: The Cable ID # (Filing #) is a unique number assigned by the Licensing Division. If you are a first-time filer, you may enter 00000 or 99999, and upon receipt of the statement(s), the Licensing Division will assign a new system identification number. If you are not a first-time filer and do not know the number, contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.

In the table below, please provide a summary of your filings, per accounting year and period, including any ID # (Filing #) and the corresponding First Community Served (City, State), totals for each type of filing fee, total royalty and interest (if applicable), and total amendment fee (if applicable).

In addition, remitters must upload a CSV file with the total allocation of fees for each system ID # (Filing #), using the appropriate Excel template provided by the Copyright Office. The CSV file must contain the following information for each submitted statement: Year, Period, ID # (Filing #), First Community Served (City, State), Filing Fee, Royalty and Interest (if applicable), Amendment Fee (if applicable), and Total Amount. Please complete the Excel template provided by the Copyright Office and save your file in a CSV format before uploading. You can download the Excel template and access detailed instructions by clicking the following link to the Excel template.

Link to the Excel Template

Table with 10 rows and 10 columns: Year, Period, ID # (Filing #), First Community Served (City, State), Total SA-1 Filing Fee, Total SA-2 Filing Fee, Total SA-3 Filing Fee, Total Royalty & Interest (if Applicable), Total Amendment Fee (if Applicable), Total Amount. Row 1 contains data for 2022, Period 2, ID # 63435, Meriden, IA, \$20.00, \$1,403.00, and \$1,423.00.



UNITED STATES COPYRIGHT OFFICE

Pay Royalties for Cable

Year	Period	ID # (Filing #)	First Community Served (City, State)	Total SA-1 Filing Fee	Total SA-2 Filing Fee	Total SA-3 Filing Fee	Total Royalty & Interest (if Applicable)	Total Amendment Fee (if Applicable)	Total Amount
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
Totals				\$0.00	\$20.00	\$0.00	\$1,403.00	\$0.00	\$1,423.00

FOR COPYRIGHT OFFICE USE ONLY		
	Count	Amount
Form Type SA-1 Filing Fee Total:	0	\$0.00
Form Type SA-2 Filing Fee Total:	1	\$20.00
Form Type SA-3 Filing Fee Total:	0	\$0.00
Royalty & Interest Amount Total:		\$1,403.00
Amendment Fee Total:	0	\$0.00
Total Payment Amount:		\$1,423.00

PRIVACY ACT NOTICE: Section 111 of title 17, United States Code, authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form and any forms included as part of this submission in order to process your payment. PII is any personal information that can be used to identify or contact an individual, such as names, addresses, and telephone numbers. The Copyright Office collects this PII in order to allocate your payment by electronic funds transfer (EFT). By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes being available for public inspection and being included in search reports prepared for the public. The effects of not providing the PII requested are that it may delay the allocation of your payment 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.

(P)

FIRST-CLASS



POSTAGE BY METRIC BOWES
ZIP 51037 \$ 001.92⁰
02 7H
0001319633 JUL 21 2022



208 Eagle Street
PO Box 18
Meriden, IA 51037-0018

TELEPHONE COOPERATIVE ASSOCIATION
(712) 443-8222
www.cmltelephone.com

TO:

Library of Congress
Copyright Office—LS
101 Independence Ave SE
Washington, DC 20557-6400

