IF YOU ARE FILING FOR A PRIOR ACCOUNTING PERIOD, CONTACT THE LICENSING DIVISION FOR THE CORRECT FORM.

SA1-2 Short Form

TATEMENT OF ACCOUNT

Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
FICEWRING DIAIRION	\$
SEP 5 2006	ALLOCATION NUMBER
RECEIVED	774450

Return to:
Library of Congress
Cappyright Office
Lice of Division
10 Indipendence Ave. SE
Wash 1514 DC 20557-6400
(202) 7048186

[For courier deliferies, see page i of the general instructions]

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ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

JANUARY 1 - JUNE 30, 2006

B Owner **INSTRUCTIONS:**

Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.

Give the tull legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.

List any other name or names under which the owner conducts the business of the cable system.

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM:



061742 2006/1 SA 2

SPENCER MUNICIPAL UTILITIES PO BOX 222 SPENCER, IA 51301

(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 E. In line 2, give the mailing address of the system, if different from the address given in space B.

1 IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

2 (Number, Street, Rural Route, Apartment or Suite Number)

(City. Town. State, ZIP Code)

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(mm). 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 fillings.

Note: Entities and properties such as hotels, apartments, condominiums or mobile home parks should be reported in parentheses below the identified city.

First > Community

CITY OF TOWN	STATE	CITY OR TOWN	STATE
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SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of "secondary transmission service" of the cable tem: that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last 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: "\$8/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)."

Elock 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 which 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:	See					
Service to Additional Set(s) FM Radio (if separate rate)	Schoolule					
Motel, Hotel						
verter • Residential						
Non-Residential	.]	1		.		

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 turnished at cost; and (2) services or facilities turnished 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.

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

E lock 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.

	chedule	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	1	RATE
Pay Cable—Add'l Channel Fire Protection Burglar Protection Installation: Residential First Set Additional Set(s)		Reconnect Disconnect			

E

Secondary transmission Service: Subscribers and Rates

F

Services Other Than Secondary Transmissions: Rates Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SPENCER MUNICIPAL UTILITIES 061742

G

Frimary Transmitters: Television

INSTRUCTIONS

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 Easis 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 futher 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.

Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cable system carried the station.

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), "I" (for independent) or "E" (for noncommercial educational). 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.

1. CALL SIGN	2. E'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			see supplemental schedule
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70181 OM 1-2, 1 M	JL 7.								
EGAL NAME OF OW SPENCER M			: ITIES 061742						Name
PRIMARY TRANSMITTERS: RADIO neral: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all- basis whose signals were "generally receivable" by your cable system during the accounting period.							Н		
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office Regulations, an FM signal is "generally receivable" if: (1) "it is carried by the system whenever it is received at the system's headend"; and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office Regulations on this point, see page (iv) of the General Instructions. Column 1: Identify the call sign of each station carried.							Primary Transmitters: Radio		
Column 2: Column 3:	State wheth	er the station	station is AM or 's signal was elected mark in t	r FM. ectronically p the "S/D" colu	JMN.			s a separate and discrete	
Mexican or Ca	anadian stat	ions, i	any, the comm	unity with wh	nich the station	is identified	1).		
CALL SIGN	AM or FM	S/D	LOCATION OF	STATION	CALL SIGN	AM OF FM	5/0	LOCATION OF STATION	
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SPENCER MUNICIPAL UTILITIES 061742

Substitute Carriage: Special Statement and Program Log

GENERAL

In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the General

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE:

During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?

Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program

2. LOG OF SUBSTITUTE PROGRAMS:

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the General Instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA

Column 2: If the program was broadcast live, enter "Yes". Otherwise enter "No."

Column 3: Give the call sign of the station broadcasting the substitute program.

Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."

Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as

Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; or enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on

SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED		
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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EGAL NAME OF OWNER OF CABLE SYSTEM: SPENCER MUNICIPAL UTILITIES 061742	Name
Instructions; The figure you give in this space determines the form you file and the amount you pay. Enter the total mounts ("gross receipts") paid to your cable system by subscribers for the system's "secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (v) 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.	K Gross Receipts
INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE To compute the royalty fee you owe: Complete either 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	Copyright Royalty Fee
• 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. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2\$	
BLOCK 2: "GROSS RECEIPTS" OF \$263,800 OR LESS (but more than \$137,100)	-
1. Base amount under statutory formula	
er amount of "gross receipts" from space K	
tract 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	- - -
S. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
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)	
6. Interest Charge. Enter the amount from line 4, space Q, page 8	
6. Interest Charge. Enter the amount from time 4, space Q, page 6	
AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 3, and 0	
IMPORTANT: When you file your Statement of Account on this form, SA1-2, you must also enclose with it the royalty fee you had computed in block 1, block 2, or block 3, above. Your remittance must be in the form of an electronic payment, certified check, cashiest check, or money order, payable to Register of Copyrights. Other forms of remittance, including personal or company checks will be returned. Do not send cash. We recommend electronic payments.	"8

k	ı	FUHM SA1-2. FAGE
	Name	SPENCER MUNICIPAL UTILITIES 061742
4	М	CHANNELS
i	Channels	INSTRUCTIONS: You must give: (1) the number of channels on which the cable system carried television broadcas stations to its subscribers; and, (2) the cable system's total number of activated channels, during the accounting period
		Enter the total number of channels on which the cable system carried television broadcast stations.
		Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.
Ī		
İ	N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this Statement of Account.)
	Contact	Name Steven I fick
		Address Telephone 7/3-550-5500 (Area Code) (Number, Street, Flural Route, Apartment or Suite Number)
		Structi IA 5130/-0332 (City, Town, State, ZIP Code)
		Email (optional)
Ī	0	
	•	CFF.TIFICATION: (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)
	Certification	I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.)
_	<u> </u>	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of
		Cable system as identified in line 1 of space E, and that the owner is not a corporation or partnership or
	· :	owner of the cable system in line 1 of space B.
		The velocity examined the Statement of Account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	ļ	Handwritten signature: Live Fiel Typed or printed name: Steven J fick
		Title: Dusiness Manager (Title of official position held in corporation or partnership)
		Date: Huguet 99, 2006

PRIVACY ACT ADVISORY STATEMENT-Required by Privacy Act of 1974 (Public Law 93-579)

Authority for Requesting This Information:

· Trie 17. U.S C § 111

thing This Information is:

- the Information is Not Furnisher:
 It may be necessary to detay placement of this Statement of Account in the completed record of Statements of
- You may be liable for civil or criminal penalties for copyright intrincement with respect to retransmission of television and radio stations (17 U.S.C. §§502–506. 509-510)
- Principal Uses of Requester Information:
 Establishment and maintenance of a public record.
- · Examination of the Statement of Account for compliance with legal requirement

Other Routine Uses:

- Fublic inspection and copying
- Preparation of public indexes
- Freparation of search reports upon request

Note:

- No other advisory statement will be given you in connection with this Statement of Account
- Please retain a copy of this statement and refer to if if we communicate with you regarding this Statement of Account

Accounting Period