This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY									
DATE DECEMED	ANACHINIT								
DATE RECEIVED	AMOUNT								
8/18/2017	\$ ALLOCATION NUMBER								

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
		Barcode Data Filing Period (optional - see instructions)								
Accounting Period										
В		Instructions: Give the full 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.								
Owner	List any other name or 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.									
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		Midcontinent Communications								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		PO Box 5040								
		(Number, street, rural route, apartment, or suite number)								
		Sioux Falls, SD 57117-5040								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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 SYSTEM: International Falls, MN								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)								
		Sioux Falls, SD 57117-5040 (City, town, state, zip code)								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 fling, a determination that would be made by a court of law.

	LECAL NAME OF CAMIED OF CARLE CVCTEA	FORM SA1-2E. PAG SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Midcontinent Communications	278
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	mmunities within unincorporated areas and including single
0	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	CTATE
		STATE
First	International Falls	MN
Community	Koochiching County	MN
	Ranier	MN
d Rows as Necessary	Ranier-outs	MN

Accounting Period: 2017/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

FORM SA1-2E. PAGE 2.

SYSTEM ID#

27874

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.

BL	OCK 1		BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:									
 Service to first set 	1,817	19.95	Business Accounts	38	19.95				
 Service to additional set(s) 			High Def Converter	937	16.00				
 FM radio (if separate rate) 									
Motel, hotel	362	5.37	Hospitals	31	6.82				
Commercial	352	68.95							
Converter	488	4.00							
 Residential 									
 Non-residential 									

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
 Pay cable 	16.00	Motel, hotel	50.00	Cinemax	16.0
 Pay cable—add'l channel 		Commercial	50.00	Digital 1	12.
 Fire protection 		• Pay cable		Showtime	16.
 Burglar protection 		Pay cable-add'l channel		Starz!&Encore	16.
Installation: Residential		Fire protection		TMC	16.
First set	35.00	Burglar protection		Dig Sports & Variety	9.
 Additional set(s) 	25.00	Other services:			
 FM radio (if separate rate) 		Reconnect	25.00		
 Converter 		Disconnect	-		
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4. LOCATION OF STATION

Midcontinent Communications

27874

G

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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 and 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 multistream "WETA-2" as the same on the form.

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 in the paper SA1-2 form.

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.

2. B'CAST CHANNEL NUMBER

I. OALL SIGN	2. B OAGT CHANNEL NOMBER	3. THE OF STATION	4. LOCATION OF STATION
KBJR-DT	19	N	SUPERIOR, WI (NBC)
KBJR-DT2	19.2	N-M	SUPERIOR, WI (CBS)
KBJR-DT3	19.3	I-M	SUPERIOR, WI (MNT/HEROES)
KQDS-DT	17	I	DULUTH, MN (FOX)
KQDS-DT2	17.2	I-M	DULUTH, MN (ANTENNA)
KDLH-DT	33	I	DULUTH, MN (CW)
WDIO-DT	10	N	DULUTH, MN (ABC)
WDIO-DT2	10.2	I-M	DULUTH, MN (ME TV)
WDSE-DT	8	E	DULUTH, MN (PBS)
WDSE-DT2	8.2	E-M	DULUTH, MN (PBS EXPLORE)
WDSE-DT3	8.3	E-M	DULUTH, MN (PBS CREATE)
WDSE-DT5	8.5	E-M	DULUTH, MN (PBS MN CHL)
CBWT	6	ı	WINNIPEG, MANITOBA
		•	

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications

27874

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.

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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 	 					
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od: 2017/1						FOR	M SA1-2E. PAGE 5.			
	CABLE SYST	EM:					SYSTEM ID#			
Midcontinent Commun	nications						27874			
SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant sta	E: SPECIA fy every non ccounting pe ing that mus F CONCER iod, did your tion?	nnetwork televis riod, under spe t be included in NING SUBST cable system	sion program, broadcast be ecific present and former F this log, see page (v) of the FITUTE CARRIAGE carry, on a substitute ba	by a <i>distant</i> sta FCC rules, regu he general inst	lations, or au ructions in th etwork televi	uthorizations. e paper SA1 sion progran YES	em carried on a For a further -2 form.			
log in block 2. 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 add additional rows to the tables. 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 Basketball: 76ers vs. Bulls." 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 "6:00–6:30 p.m." 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; enter the letter "P" if the listed program to the time of the content of the content of the content of the content of 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; enter the letter "P" if the										
	UBSTITUT	E PROGRAM 3. STATION'S CALL SIGN		5. MONTH	IAGE OCC	URRED	7. REASON FOR DELETION			
	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No' log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re: Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv. Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	Midcontinent Communications SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did your broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograt clear. If you need more space, please a Column 1: Give the title of every nor period, was broadcast by a distant statiunder certain FCC rules, regulations, or Do not use general categories like "mov" NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the so Column 4: Give the broadcast statio the case of Mexican or Canadian station Column 5: Give the month and day of first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that you effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	Midcontinent Communications SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE PROGRAMS • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this paging in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate clear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televent period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "basked" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (If the case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your systifiest. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carriestated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOW IN General: In space I, identify every nonnetwork television program, broadcast is substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of the substitute basis and in the programming that must be included in this log, see page (v) of the substitute particular of the programming that must be included in this log, see page (v) of the substitute particular of the programming that must be included in this log, see page (v) of the substitute program of the program of the substitute basis and the program is substitute basis and the program of the program of the substitute program was carried by out the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m." Column 6: State the times when the substitute program was carried by out to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m." Column 6: State the times when the substitute program was substituted for program of delete under FCC rules and regulations in effect during the accounting peric was substituted for programming	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reguexplanation of the programming that must be included in this log, see page (v) of the general inst 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonner broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you may log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever post clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substitute for the program (and cretain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the separate line in FCC rules, regulations, or authorizations. See page (v) of the general instruction on the separate line in FCC rules, regulations, or authorizations. See page (v) of the general instruction on the separate line in FCC rules, regulations, or authorizations. See page (v) of the general instruction on the separate line in FCC rules, regulations, or authorizations. See page (v) of the general instruction on the separate line. The program was broadcast live, enter "Yes." Otherwise enter "No." 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 lice the case of Mexican or Canadian stations, if any, the community with which the station is lice the case of Mexican or Canadian stations, if any, the	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or at explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis during the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televitoroadcast by a distant station? 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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 prograt log in block 2. 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 add additional rows to the tables. 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 substitute for the programming of another sta 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." 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Accounting Period:	2017/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications			(SYSTEM ID: 27874
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the state (as identified in space E) during the accounting period. For a further explanati page (vii) of the general instructions located in the paper SA1-2 form. 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.	system's se on of how	econdary trans to compute this	mission servi s amount, see \$ 34	ce
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	es 1 and 2		· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K	· · · · · · · · <u>-</u>			
	5. Enter the amount from line 3	· · · · · · · - <u>-</u>			
	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. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but I	ess than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	344,597.08		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	80,797.08		
	4. Multiply line 3 by .01		\$	807.97	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>.</u>	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	<u>-</u>		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6		\$	2,126.97
	FILING FEE AND TOTAL REMITTANCE DUI	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,126.97	
Due	Filing Fee (See the instructions for more information on filing fee calculations) .	<u>.</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,146.97
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		_		ghts!

Accounting Period:	2017/1																									F	ORM	SA1-	2E. F	PAG	E 7
Name	LEGAL NAME OF OWNER OF Midcontinent Communi																											SY	STE	EM 278	
M Channels	CHANNELS Instructions: You must gi to its subscribers, and (2) t 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast services.	the cable system's told f channels on which the broadcast stations f activated channels in carried television b	the cable	nber ble	e	r of a	activ	vate	ed ch	nann	els du	uring	g the	acc	cour	ntin	ng p	erio	d.		ons					13 234					
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this s			ORM	RMA	MAT	TION	N IS	NE	EDE	D (Id	entif	fy an	indi	ivid	dual	I to	who	m												
for Further Information	Name Wynne	Haakenstad																	Т	eleph	one	952	2-84	4-2	622) 					i I
	(Number, s	linnesota Drive street, rural route, apartmo					iber)																								
	(City, town	, state, zip) wynne.haakensta	ad@mid	nidec	dco.	o.co	om								Fa	ax ((opt	iona	al)												
O Certification	(Agent of owner in line 1 of sp	certify that (Check one on corporation or particles of fittee) and that the owner) I am an officer (if a cace B. Typed or printed representations of fittees of fitt	e, but only rtnership ion or pa vner is no a corpora ereby dec knowledge X Enter an e Enter sign	nly o	y one b) I a arthe that a c clare e, inf /s elect natur	I ammers a corron on) of the corrections where the corrections were districted by the corrections with the correction	wy onic:	he be own) I a ation part r pe tion,	ner men tren or treer malty, and	s.) of the dupartr (if a y of I I belind b	e cable authorized and the linature	de sy thori: p; or ershi at all ad ar	vstem ized a r iip) of	agen f the teme	ider leg	right ntifi	ht C	office	e reg	ulation of spa	ons) ce B; owne	or	n as i	denti	fied						
		Date:															8/1	17/1	7												

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 the 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 telephon 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 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 fling, a determination that would be made by a court of law

ounting Period: 2017/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communications	27874
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."	Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
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 (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here	
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	

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