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

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	DUNTING 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 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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:  Balaton, 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.

Accounting Period:	2017/1	
necounting remoun	201,71	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Midcontinent Communications	452
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future fillings.	t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks snould be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Balaton	MN
Add Rows as Necessary		

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 452

#### **Midcontinent Communications**

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	<b>&lt;</b> 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	87	19.95	Business Accounts	5	19.95
<ul> <li>Service to additional set(s)</li> </ul>			High Def Converter	8	16.00
• FM radio (if separate rate)			Nursing Homes	44	5.88
Motel, hotel					
Commercial	4	57.95			
Converter	69	4.00			
Residential					
Non-residential					
	[	T		T	l'''''''

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						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
<ul> <li>Pay cable</li> </ul>	16.00	Motel, hotel	50.00	Digital 1	12.0		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	50.00	Cinemax	16.0		
<ul> <li>Fire protection</li> </ul>		• Pay cable		Showtime	16.0		
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		Starz!&Encore	16.0		
Installation: Residential		Fire protection					
First set	50.00	Burglar protection					
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:					
<ul> <li>FM radio (if separate rate)</li> </ul>		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#

## Midcontinent Communications PRIMARY TRANSMITTERS: TELEVISION

452

## G

# Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
(ARE-DT	11	N	MINNEAPOLIS, MN (NBC)
KELO-DT	11	N	SIOUX FALLS, SD (CBS)
KMSP-DT	9	<u> </u>	MINNEAPOLIS, MN (FOX)
KSTP-DT	35	N	ST PAUL, MN (ABC)
KSFY-DT	13	N	SIOUX FALLS, SD (ABC)
KWCM-DT	10	E	APPLETON, MN (PBS)
WCCO-DT	32	N	MINNEAPOLIS, MN (CBS)
WFTC-DT	29	<u> </u>	MINNEAPOLIS, MN (MNT)
WUCW-DT	22		MINNEAPOLIS, MN (CW)
	***************************************		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **Midcontinent Communications**

452

#### 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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Accounting Perio		04815.000	TEA.4				FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF Midcontinent Commun		I EIVI:					SYSTEM ID# 452
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regu	lations, or au	ıthorizations.	For a further
Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMEN</li> <li>During the accounting per broadcast by a distant state.</li> <li>Note: If your answer is "No log in block 2.</li> </ol>	iod, did you tion? ", leave the	r cable system	carry, on a substitute ba	-		YES	X NO
	2. LOG OF SUBSTITUTI In General: List each subs 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 categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	titute progra ice, please a of every no distant stati gulations, o ies like "mo Bulls."  In was broad sign of the s adcast static atadian static atadian static es when the Example: a er "R" if the and regulation ming that y	am on a separa add additional ranetwork televition and that yo rauthorizations vies" or "basked deast live, enterestation broadea on's location (the one, if any, the owhen your system on program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting period	e program") that ed for the program titles, for ex No."  am. e station is lice to station is idented to program. Use to cable system to 6:2 tramming that y d; enter the left	eat, during the gramming of ns for further ample, "I Lo ensed by the ntiffied).  List the time 28:30 p.m. singular transfer and p.m. singular transfer "P" if the	e accounting another state information ove Lucy" or e FCC or, in with the mornes accurate hould be was require a listed progr	tion n. nth
						EN SUBSTI		7. DEACON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S  CALL SIGN	1 4. STATION'S LOCATION	5. MONTH		URRED TIMES — TO	7. REASON FOR DELETION

Accounting Period:	2017/1	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications	S'	YSTEM ID
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission servic nis amount, see	3,336.10
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 but less than or equal to 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 located in the paper SA1-2 form 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 fo accounting period is \$52.00	r this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	',100)	
	1. Base amount under statutory formula	<u> </u>	
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	<u> </u>	
	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. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	·	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	<del>-</del>	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	S. 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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		hts!

2017/1																						F	ORM :	SA1-2	E. PA	AGE 7
																								SYS	STEM	M ID# 452
to its subscribers, and (2  1. Enter the total numbe system carried television  2. Enter the total numbe on which the cable sys	the cable system's to r of channels on which on broadcast stations. r of activated channels tem carried television!	otal numb	mber ble	er of	of ac	ctivat	ted c	hann	els du	iring	the ad	ccou	untir	ng pe	eriod	l.	ation					9				
			ORM	RMA	MATI	ON I	S NE	EDE	<b>D</b> (Ide	entify	an in	divid	dua	l to v	whon	n										
Name <b>Wyn</b>	ne Haakenstad															Tele	ephor	e <b>95</b>	52-8	344-	2622	2				
(Numbe	er, street, rural route, apartn a, MN 55435					er)																				
Email		tad@mio	nidco	lco.d	o.cor	m						F	-ax	(opti	ional	)										
Owner other  (Agent of own in line 1 of  X (Officer or pa in line 1 of  I have examined the stat are true, complete, and co	er other than corporation or pare than corporation or pare space B and that the overtner) I am an officer (if space B.  I am a	tion or pa where is no f a corporate the cor	partnnot a partnot a declar dige, in the leading partnot a leading	/ one  in the control of the control	nersha corpon) or ure uninform	of the on hip) I occation a particular a par	am ton or	es.) of the	ly authorship partne waw that ef, and the lir mature	e sys: horize horize crship at all s d are	ed age o) of the	s ide	entification of the gal of the gal of the good	e ow entity f fact d fait this s	n line vner o videi cont h.	of the ntified ained	space cable as ov	B; or syste	em as							
	LEGAL NAME OF OWNER Midcontinent Commu  CHANNELS Instructions: You must to its subscribers, and (2  1. Enter the total numbe system carried television 2. Enter the total numbe on which the cable sys and nonbroadcast serv  INDIVIDUAL TO BE CO we can contact about thi  Name  Wyn  Address  3600 (Numbe Edin (City, to  Email  CERTIFICATION (This state)  I, the undersigned, heret  (Owner other to  (Agent of own in line 1 of  I have examined the state are true, complete, and co	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to its subscribers.  2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTH we can contact about this statement of account Mannel Mynne Haakenstad  Address  3600 Minnesota Driv.  (Number, street, rural route, aparticle apart	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of chann to its subscribers, and (2) the cable system's total nur  1. Enter the total number of channels on which the ca system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total numb  1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels of to its subscribers, and (2) the cable system's total number of .Enter the total number of channels on which the cable system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels on which its subscribers, and (2) the cable system's total number of at 1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of actival 1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION If we can contact about this statement of account.)  Name  Wynne Haakenstad  Address  3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number)  Edina, MN 55435 (City, town, state, zip)  Email  wynne.haakenstad@midco.com  CERTIFICATION (This statement of account must be certified and significant of space B and that the owner is not a corporation in line 1 of space B and that the owner is not a corporation in line 1 of space B.  I have examined the statement of account and hereby declare under pare true, complete, and correct to the best of my knowledge, information [18 U.S.C., Section 1001(1986)]  X /s/ Wyn  Enter an electronic significant in the composition of proper printed name:  Wynne  Typed or printed name:  Wynne  Title:  Director of Pro	CHANNELS   Instructions: You must give (1) the number of channels on which the count is subscribers, and (2) the cable system's total number of activated of the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services   INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS Not we can contact about this statement of account.)    Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS  Instructions: You must give (1) the number of channels on which the cable sto its subscribers, and (2) the cable system's total number of activated chann.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDE we can contact about this statement of account.)  Name  Wynne Haakenstad  Address  3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or sulte number)  Edina, MN 55435 (City, town, state, zip)  Email  wynne.haakenstad@midco.com  CERTIFICATION (This statement of account must be certified and signed in account in line 1 of space B and that the owner is not a corporation or part or in line 1 of space B and that the owner is not a corporation or part in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of are true, complete, and correct to the best of my knowledge, information, and beli [18 U.S.C., Section 1001(1986)]  X /s/ Wynne Haaker  Title:  Director of Programm  Wynne Haaker  Title:  Director of Programm  (Title of official position held in corporation or programm)	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels of the system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Ide we can contact about this statement of account.)  Name  Wynne Haakenstad  Address  3600 Minnesota Drive, STE 700  (Number, street, rural route, apartment, or suite number)  Edina, MN 55435  (City, town, state, zip)  Email  wynne.haakenstad@midco.com  CERTIFICATION (This statement of account must be certified and signed in accorded to the incomposition of partnership) I am the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law the are true, complete, and correct to the best of my knowledge, information, and belief, and the composition of partnership in line 2 of space B.  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partner in line 1 of space B.  X (S/Wynne Haakenstate in the composition of partnership) I am the durance true, complete, and correct to the best of my knowledge, information, and belief, and the composition of partnership in t	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels on which the cable system can to its subscribers, and (2) the cable system's total number of activated channels during  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify we can contact about this statement of account.)  Name  Wynne Haakenstad  Address  3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number)  Edina, MN 55435  (City, town, state, zip)  Email  wynne.haakenstad@midco.com  CERTIFICATION (This statement of account must be certified and signed in accordance in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorize in line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of law that all are true, complete, and correct to the best of my knowledge, information, and belief, and are [18 U.S.C., Section 1001(1986)]  X /s/ Wynne Haakenstad  Enter an electronic signature on the line ab Enter signature using an "/s/ signature" (e.g. Typed or printed name:  Wynne Haakenstad  Enter signature using an "/s/ signature" (e.g. Typed or printed name:  Director of Programming  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the a system carried television broadcast stations.  2. 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(Owner other than corporation or partnership) I am the duly authorized agent in ine 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the lein line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of law that all statement are true, complete, and correct to the best of my knowledge, information, and belief, and are made in [18 U.S.C., Section 1001(1986)]  Typed or printed name:  Wynne Haakenstad  Enter an electronic signature on the line above to cere inter-signature using an "/s/ signature" (e.g., /s/ signature" (e.g., /	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accounting the account account account account and the accounting t	LEGAL NAME OF OWNER OF CABLE SYSTEM:   Midcontinent Communications	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broads to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. 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Name  Wynne Haakenstad  3600 Minnesota Drive, STE 700  (Number, street, rural route, apartment, or suite number)  Edina, MN 55435  (City, town, state, zp)  Email  Wynne haakenstad@midco.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office In line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership of the legal entity ide in line 1 of space B and that the owner is not a corporation or partnership of the legal entity ide in line 1 of space B.  * I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Title:  * Director of Programming  (Title of official position held in corporation or partnership)  Director of programming  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st to its subscribers, and (2) the cable system stotal number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Wynne Haakenstad  Tele  Address  3600 Minnesota Drive, STE 700  (Number, street, runal route, spatrineth, or suite number)  Edina, MN 55435  (Cib, town, tate, zp)  Email  Wynne, haakenstad@midco.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regul  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and owner to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  Wynne Haakenstad  Firter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Wynne Haakenstad  Firter of official position held in corporation or partnership).	LECAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subsoribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Wynne Haakenstad  Telephor  Address  3600 Minnesota Drive, STE 700 (Number, steet, rate rout, see rout sous systement or sole number)  Edina, MM S5435  (City, town, steet, pa)  Email  Wynne haakenstad@midco.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations in line 1 of space B and that the owner is not a corporation or partnership) I am the duity authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) or in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as or in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as or in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as or in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as or in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as or in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as or in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identi	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. 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(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am officer (if a corporation) or a partnership; or  (Officer or partner) I am officer (if a corporation) or a partnership; or line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B and that the owner is not a corporation or partnership; or line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am officer (if a corporation) or a partnership of law that all statements of fact contained herein are tue, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  There is granture using an "/s/ signature" in g., /s/ John Smith)  Typed or printed name:  Wynne Haakenstad  Director of Programming  (Title of official po	EGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications  CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Wynne Haakenstad  Telephone 952-4  Address  3600 Minnesota Drive, STE 700 (Number, street, usal roide, appliement, or saille number)  Edina, MN 55435  (City, lower, steet, value, x/g)  Email  Wynne haakenstad@midco.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  - 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B. or  X (Officer or partnersh) is an anofficer (if a corporation) or partnership) of the legal entity identified as owner of the in line 1 of space B. and that the owner is not a corporation or partnership) of the legal entity identified as owner of the in line 1 of space B.  * I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  The very printed name:  Wynne Haakenstad  Title:  Director of Programming  Creation of Programming  Creation of Programming  Creation of Complete of Programming	EGAL NAME OF OWNER OF CABLE SYSTEM:   Midcontinent Communications	EGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonkroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identity an individual to whom we can contact about this statement of account.)  Name  Wynne Haakenstad  Address  3600 Minnesota Drive, STE 700  (Number, steel, rival socs, apatherite, or subscriber).  Edina, MN 55435  City, tons, size, 301  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  1. It be undersigned, hereby certify that (Check one, but only one, of the boxes).  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; or lin	ECAL NAME OF OWNER OF CABLE SYSTEM.  Midcontinent Communications  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 systems stolal number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  9. Section the total number of activated channels on which the cable system carried television broadcast stations and nonthroadcast services.  16.3  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Wynne Haskenstad  Address  36.00 Minnesota Drive, STE 700.  Telephone 952-844-2622  Email  Wynne haskenstad@midco.com  Fax (optional)  Fax (optional)  Fax (optional)  Fax (optional)  (Owner other than corporation or partnership) I am the owner of the cable system as identified a line 1 of space B; or  (Appent of ewner other than corporation or partnership) I am the owner of the cable system as identified as line 1 of space B; or  (Appent of ewner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Appent of ewner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Appent of ewner other than corporation or partnership) I am the daily authorized agent of the owner of the cable system in the 1 of space B; or  (Appent of ewner other than corporation or partnership) I am the daily authorized agent of the owner of the cable system in the 1 of space B; or  (Appent of ewner other than corporation or partnership) I am the daily authorized agent of the owner of the cable system in the 1 of space B; or  (Appent of ewner other than corporation or partnership) I am the owner of the legal entity identified as owner of the cable system in the 1 of space B; or I space B; or I space B; or I space B; or I spac	EGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications  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 stoll number of activated channels during the accounting period.  1. 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Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) in the duty authorized agent of the owner of the cable system in line 1 of space B; or  (Office or oparine) I am an officer (if a corporation) or a partnership; or the legal entity identified as owner of the cable system in line 1 of space B; or support on the line above to certify this statement.  Since of space B; or of the cable system in the line above to certify this statement.  Since a resecution of the statement of account and hereby declare under penalty of the flat in satement.  Since or of Programming  (18c or delice position Position Programming)	ECAL NAME OF OWNER OF CABLE SYSTEM   Microniformal Communications	ECAL NAME OF OWNER OF CASLE SYSTEM:   Midcontinent Communications

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communications	452
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
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
×	
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	
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	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 Address	
ID number First community served Accounting period	

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