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						
8/28/2017	\$ 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
		NEMONT COMMUNICATIONS, INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		NEMONT COMMUNICATIONS, INC, dba NEMONT
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 600 [Number, street, rural route, apartment, or suite number)
		SCOBEY, MT 59263 (City, town, state, zip)
•	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	name	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:
		SCOBEY MAILING ADDRESS OF CABLE SYSTEM:
		PO BOX 600
	2	(Number, street, rural route, apartment, or suite number)
		SCOBEY, MT 59263 [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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	NEMONT COMMUNICATIONS, INC	635
	Instructions: List each separate community served by the cable system. A "community" is t	
D	"a separate and distinct community or municipal entity (including unincorporated commun	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will	
	as the "first community." Please use it as the first community on all future filings.	·
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home p	parks should be reported in parentheses below the
Served	identified city.	*
	i e e e e e e e e e e e e e e e e e e e	
	CITY OR TOWN	STATE
First	SCOBEY	MT
Community	WILLISTON	ND
	BAINVILLE	MT
Rows as Necessary	CULBERTSON	MT
	DAGMAR	MT
	FLAXVILLE	MT
ļ	FROID	MT
ļ	GLASGOW	MT
	GLENTANA	MT
	LARSLAN	MT
ļ	NASHUA	MT
	OPHEIM	MT
	OUTLOOK	MT
	PEERLESS	MT
	PLENTYWOOD	MT
ļ	RESERVE	MT
ļ	FORT PECK	MT
	FRAZER	MT M=
ļ	HINSDALE	MT
	MEDICINE LAKE	MT
	REDSTONE	MT
!	RICHLAND	MT
	SACO	MT
	WESTBY	MT
	WHITETAIL	MT
ļ	FORTUNA	ND
ļ	AMBROSE	ND
	RAYMOND	MT
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Accounting Period: 2017/1

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63540

NEMONT COMMUNICATIONS, INC

Ε

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.

BLO	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,539	19.00	Preferred	1,465	50.00	
Service to additional set(s)			Ultimate	197	10.00	
• FM radio (if separate rate)						
Motel, hotel	1	1,050.00	Hospitality	14	61.86	
Commercial	49	57.39	Multiple Dwelling Unit	4	339.00	
Converter						
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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel	99.00	Whole Home DVR	5.00
 Pay cable—add'l channel 		Commercial	99.00	Additional Streams	4.00
 Fire protection 		• Pay cable		Protection Plan	5.00
Burglar protection		Pay cable-add'l channel		Starz/Encore	16.00
Installation: Residential		Fire protection		НВО	19.00
First set	99.00	Burglar protection		Cinemax	16.00
 Additional set(s) 	99.00	Other services:		Showtime/TMC	16.00
 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: NEMONT COMMUNICATIONS, INC

SYSTEM ID# 63540

G

Primary Transmitters: Television

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
KRTV-DT	7	N	GREAT FALLS, MT
KFBB-DT	8	N	GREAT FALLS, MT
KUSM-DT	9	E	BOZEMAN, MT
KBGF-LP-DT	50	E	GREAT FALLS, MT
KFBB2-DT	8	N-M	GREAT FALLS, MT
KXMD-DT	8	N	WILLISTON, ND
KUMV-DT	8	N	WILLISTON, ND
KBMY-DT	17	N	MINOT, ND
KXND-LP-DT	24	N	MINOT, ND
KWSE-DT		E	WILLISTON, ND
KNDM-DT	26	N-M	MINOT, ND
KXMD-CW	11.2	N-M	WILLISTON, ND
KWSE-LL	11	E-M	WILLISTON, ND
KWSE-WORLD	11	E-M	WILLISTON, ND
KWSE-MN	11	E-M	WILLISTON, ND
KRTV-CW	7	N-M	GREAT FALLS, MT
		111111111111111111111111111111111111111	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NEMONT COMMUNICATIONS, INC

63540

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
N/A							
IN/A	 						
							
	†						
	 						
			 				
	 						
							
	 						
	 						
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Accounting Perio	d. 2017/1						FOD	M CA1 OF DACE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:				FUR	SYSTEM ID#
Name	NEMONT COMMUNICA	TIONS, II	NC					63540
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identiful substitute basis during the acexplanation of the programmi 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a funder certain FCC rules, reguent ont use general categori "NBA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the call second to case of Mexican or Canace Column 5: Give the montal column 5: Give the montal care column 5: Give the montal care period with the case of Mexican or Canace Column 5: Give the montal care care care care care column 5: Give the montal care care care care care care care care	iy every nor coounting peng that must CONCER od, did you ion? I leave the PROGRA tute prograce, please a of every nor distant stations, o was broad sign of the sed cast station adding station stational in the sed cast station adding station station adding station stati	AL STATEMEIN INNER STATEMENT IN THE PROPERTY OF THE PROPERTY O	sion program, broadcast becific present and former bethis log, see page (v) of the street of this log, see page (v) of the street of this log, see page (v) of the street of this log, see page (v) of the street of	by a distant state of CC rules, regulate peneral instructions wherever pose program") the program titles, for exemple of the program titles, for exemple estation is liced estation is identical instructions is the program.	twork televisust complete stible, if their at, during the arming of the model, "I Lowersed by the ntified).	thorizations. e paper SA1 sion prograr YES the progra meaning is e accounting another star information we Lucy" or	em carried on a For a further -2 form. NO m S d tion n.
	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.	s when the Example: a er "R" if the nd regulation ming that y	program carrio listed program ons in effect du	ed by a system from 6:01 was substituted for prog ring the accounting perio s permitted to delete und	:15 p.m. to 6:2 ramming that y d; enter the let ler FCC rules a	28:30 p.m. sh your system ter "P" if the	nould be was <i>require</i> listed progr ns in	ed
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. T	IMES — TO	DELETION
	N/A							

Accounting Period:	2017/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEMONT COMMUNICATIONS, INC			\$	SYSTEM ID: 63540
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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	system's s tion of how	econdary trans to compute this	mission servis amount, see	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	0 but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royall accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	ı
	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	nes 1 and 2		· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore 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				
	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	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	471,455.00		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	207,655.00		
	4. Multiply line 3 by .01		\$	2,076.55	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	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	I, 5, and 6 .		\$	3,395.55
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,395.55	
Due	Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,415.55
1	Important: Your remittance must be in the form of an electronic payl See page i of the general instructions in the paper SA1		_		ghts!

Accounting Period:	2017/1					FORM SA1-2E. PAGE 7		
Name		OWNER OF CABLE SYSTEM: MUNICATIONS, INC				SYSTEM ID# 63540		
M Channels	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. 376							
N Individual to Be Contacted								
for Further Information	Name	KRISTIN BEKKER			Telephone	406-783-2200		
	Address	PO BOX 600 (Number, street, rural route, apartm	ment, or suite	number)				
		SCOBEY, MT 59263 (City, town, state, zip)						
	Email	kristin.bekker@r	nemont.co	ор	Fax (optional) 406-783-5283	3		
	CERTIFICATION	(This statement of account mu	ust be certifi	ied and signed in accordance with Co	opyright Office regulations)			
O Certification	• I, the undersigne	ed, hereby certify that (Check on	ne, but only o	one, of the boxes.)				
	(Owne	r other than corporation or pa	artnership)	I am the owner of the cable system as	identified in line 1 of space B;	or		
				nership) I am the duly authorized agen	at of the owner of the cable sys	stem as identified		
		ine 1 of space B and that the over or partner) I am an officer (if		a corporation or partnership; or on) or a partner (if a partnership) of the	legal entity identified as owne	er of the cable system		
	I have examined	e, and correct to the best of my k	-	are under penalty of law that all stateme information, and belief, and are made i				
			X	/s/ Remi Sun				
				ectronic signature on the line above to c ture using an "/s/ signature" (e.g., /s/ Jc				
		Typed or printed	name: [REMI SUN				
				FINANCIAL OFFICER held in corporation or partnership)				
		Date:			8/24/17			

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ounting Period: 2017/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MONT COMMUNICATIONS, INC	63540
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."	P 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 Mailing Address	-
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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 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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