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 COPYRIGH	Return completed workboo by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	7/25/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1 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.	0
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		SJOBERGS CABLEVISION INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		315 MAIN AVE N (Number, street, rural route, apartment, or suite number)	
		THIEF RIVER FALLS, MN 56701-1905 (City, town, state, zip)	
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	es these
С		is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(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.

Name		SYSTEM ID#
	SJOBERGS CABLEVISION INC Instructions: List each separate community served by the cable system. A "community served by	770 nunity" is the same as a "community unit" as defined in ECC sules:
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yeas the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known 5.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobilidentified city.	ile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	GREENBUSH	MN
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C								-2E. PAGE
Name								313	77
	SJOBERGS CABLEVISI								
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
	In General: The information in s								
Secondary	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								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed				ny standar	d rate variations	within a p	oarticular rate	
	category, but do not include disc				ion of one	andors (transmis)	sion oon <i>i</i> o	a that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. <b>Not</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.				1				
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		189	64.92/MO	MOTEL	EXTRA SET	•	9	1.50/
	<ul> <li>Service to additional set(s)</li> </ul>	N/C		N/C					
	<ul> <li>FM radio (if separate rate)</li> </ul>	N/A							
	Motel, hotel		1	64.92/MO					
	Commercial		6	64.92/MO					
	Converter	N/A							
	Residential	N/A							
	Non-residential	N/A							
	SERVICES OTHER THAN SEC		NGMIG		\$				
-	In General: Space F calls for rate	-				l vour cable syst	em's servi	ices that were	
F	not covered in space E, that is, t	•	,		•				
<b>.</b> .	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the								
Secondary	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.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting per								
	listed in block 1 and for which a separate charge was made or established. List these other serve brief (two- or three-word) description and include the rate for each.							form of a	
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	ORY OF SERVICE	RATE
	Pay cable	11.00/MO		itel, hotel	idential	т.м			
	• Pay cable—add'l channel			mmercial		T+M T+M			
	Fire protection	N/A N/A		y cable		N/C			
	•Burglar protection	N/A		y cable-add'l ch	annel	N/A			
	Installation: Residential	IWA		e protection		N/A N/A			
	First set	N/C		rglar protection					
	Additional set(s)	••••••		services:		N/A			
	• FM radio (if separate rate)	55.00		connect		N/C			
	• Converter	N/A		connect		N/C			
		IVA		tlet relocation		N/C			
			- Ou	uet reiocation		N/C			
			• Mo	ve to new addr	ess	N/C			

Name         LEGAL MALE OF OWNER OF CALLE SYSTEM:         SYSTEM           SUBBERGS CABLE/VISION INC         SUBBERGS CABLE/VISION INC           Primary Transmitters:         TLUTSION           In General to space 6, locatify every television station (including translator stations and low power television stations) carried only on a part-line basis under CO. Notes and regulations in effect on June 24, 1861, permitting the carriage of certain network program loads on carried on a substitute program hasis during provide marking the carriage of certain network program loads on some other and program loads on some other in space (	nting Period: 2				
SJOBERGS CABLE VISION INC         PRIMARY TRANSMITTERS: TELEVISION         PRIMARY TRANSMITTERS: TELEVISION         IN General: In space G. (dentify every television station (including translator stations carried only on a part-time basis under FCC rules and regulations in effect on June 24.1 981, permitting the carriage of cartial network (now a part-time basis under FCC rules and regulations in effect on June 24.1 981, permitting the carriage of cartial network (now a part-time basis under FCC rules and regulations in effect on June 24.1 981, permitting the carriage of cartial network (now a part-time basis under FCC rules and regulations in effect on June 24.1 981, permitting the carriage of cartial network (now and (a)); and (2) certain stations carried on a substitute Basis Stations: With respect 0 any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - Do rol is the station here, and also in space 1. (the special Statement and Program Log)—if the station was carried only on a substitute basis stations, see page (v) of the general instructons. Column 1: List cast station 5 and space 1. If the station was carried by thor an substitute basis and also on some other basis. For further information concerning substitute basis station, for or paragement with the station and sign. Do nor long regram services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multiset wTFA-2''s as the sense on the form.         Column 1: List estation here to space 1. (the station is also for broadcasting over the air in its community off icrease. For example, WRC is channel 4 in Washington, D. C.         Column 4: Give the chann	Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM I
G       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 ony on a part-time basis under FCC rules and refer to June 24, 1981, permitting the carriage of certain network programs (sections 76.596(102) and (4), 76.63 (refering to 76.616(12) and (4)); and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis and erspect for ECC rules, and repulations in effect of June 24, 1981, permitting to 76.616(12) and (4)); and (2) certain stations carried on a substitute Basis under specific FCC rules, and repulations, or equilators, are reputators, an ergoding the station scarried by your cable system on a substitute program basis.         • Do not list the station here in space G — but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis.         • List the station here in space G. — but do list it in space 1 (the Special Statement and Program Log).—if the station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.         • List the station here in space G. Schemel 4 in Washington, D.C.       Column 1: List cell schemel 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, IN-M" (for independent), T-M" (for indepandent), the letter "N" (		SJOBERGS CABLEV	ISION INC		7
KXJB4NFARGO/VALLEY CITY, NDKCPM5IGRAND FORKS, NDCKY7IWINNIPEG, MANITOBACBWT6IWINNIPEG, MANITOBAWDAZ8NDEVILS LAKE, NDKVLY11NFARGO/GRAND FORKS, NDKAWE9EBEMIDJI, MNKBRR17NTHIEF RIVER FALLS, MN	Primary nsmitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s:</b> With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. He number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network si ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list t	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a si e Special Statement and Program both on a substitute basis and al- cee page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial ependent), "I-M" ational multicast).
KCPM5IGRAND FORKS, NDKows as NecessaryCKY7IWINNIPEG, MANITOBACBWT6IWINNIPEG, MANITOBAWDAZ8NDEVILS LAKE, NDKVLY11NFARGO/GRAND FORKS, NDKAWE9EBEMIDJI, MNKBRR17NTHIEF RIVER FALLS, MN		1 CALL SIGN	2. B'CAST CHANNEL NUMBER		
Kows as Necessary     CKY     7     I     WINNIPEG, MANITOBA       CBWT     6     I     WINNIPEG, MANITOBA       WDAZ     8     N     DEVILS LAKE, ND       KVLY     11     N     FARGO/GRAND FORKS, ND       KAWE     9     E     BEMIDJI, MN       KBRR     17     N     THIEF RIVER FALLS, MN				3. THE OF STATION	4. LOCATION OF STATION
CBWT6IWINNIPEG, MANITOBAWDAZ8NDEVILS LAKE, NDKVLY11NFARGO/GRAND FORKS, NDKAWE9EBEMIDJI, MNKBRR17NTHIEF RIVER FALLS, MN			4		
WDAZ8NDEVILS LAKE, NDKVLY11NFARGO/GRAND FORKS, NDKAWE9EBEMIDJI, MNKBRR17NTHIEF RIVER FALLS, MN		КХЈВ			FARGO/VALLEY CITY, ND
KVLY11NFARGO/GRAND FORKS, NDKAWE9EBEMIDJI, MNKBRR17NTHIEF RIVER FALLS, MN	ws as Necessary	КХЈВ КСРМ	5		FARGO/VALLEY CITY, ND GRAND FORKS, ND
KAWE9EBEMIDJI, MNKBRR17NTHIEF RIVER FALLS, MN	ws as Necessary	KXJB KCPM CKY	5 7		FARGO/VALLEY CITY, ND GRAND FORKS, ND WINNIPEG, MANITOBA
KBRR 17 N THIEF RIVER FALLS, MN	ws as Necessary	KXJB KCPM CKY CBWT	5 7 6	N     	FARGO/VALLEY CITY, ND GRAND FORKS, ND WINNIPEG, MANITOBA WINNIPEG, MANITOBA
KBRR 17 N THIEF RIVER FALLS, MN	ws as Necessary	KXJB KCPM CKY CBWT WDAZ	5 7 6 8	N         N	FARGO/VALLEY CITY, ND GRAND FORKS, ND WINNIPEG, MANITOBA WINNIPEG, MANITOBA DEVILS LAKE, ND
KGFE       3       E       GRAND FORKS, ND         Image: Sector of the	ws as Necessary	KXJB KCPM CKY CBWT WDAZ KVLY	5 7 6 8 11	N I I I N N	FARGO/VALLEY CITY, ND GRAND FORKS, ND WINNIPEG, MANITOBA WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO/GRAND FORKS, ND
	ws as Necessary	KXJB KCPM CKY CBWT WDAZ KVLY KAWE	5 7 6 8 11 9	N I I I N N E	FARGO/VALLEY CITY, ND GRAND FORKS, ND WINNIPEG, MANITOBA WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO/GRAND FORKS, ND BEMIDJI, MN
	ws as Necessary	KXJB KCPM CKY CBWT WDAZ KVLY KAWE KBRR	5 7 6 8 11 9 17	N I I I N N E	FARGO/VALLEY CITY, ND GRAND FORKS, ND WINNIPEG, MANITOBA WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO/GRAND FORKS, ND BEMIDJI, MN THIEF RIVER FALLS, MN
	wws as Necessary	KXJB KCPM CKY CBWT WDAZ KVLY KAWE KBRR	5 7 6 8 11 9 17	N I I I N N E	FARGO/VALLEY CITY, ND GRAND FORKS, ND WINNIPEG, MANITOBA WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO/GRAND FORKS, ND BEMIDJI, MN THIEF RIVER FALLS, MN

EGAL NAME OF								SYSTEM I
JOBERGS	CABLEVIS	ION IN	С					7
RIMARY TRA			arried on a separate and discr	ete basis and list	those FM stat	tions ca	rried on an	н
			nerally receivable by your cat					••
pecial Instruc	tions Conce	rning Al	I-Band FM Carriage: Under	Copyright Office r	egulations, ar	n FM sig	nal is generally	Primary
eceivable if (1)	it is carried by	y the sys	stem whenever it is received a	at the system's he	adend, and (2	2) it can	be expected,	Transmitters
			ved at the headend, with the pyright Office regulations on					Radio
aper SA1-2 for				tills politi, see pa	ge (v) of the g			
			each station carried.					
			on is AM or FM. nal was electronically process	sed by the cable s	system as a se	enarate	and discrete	
		-	k mark in the "S/D" column.			sparato		
			on (the community to which th			C or, in	the case of	
exican or Can	adian stations	s, if any,	the community with which the	e station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2017/1						FO	RM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	SJOBERGS CABLEVIS	SION INC						770
	SUBSTITUTE CARRIAG				3			
I I	In General: In space I, identi				-	on that you	r cabla avet	om carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per				s any nonnet	work televi	sion progra	m
Statement and		-	r cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant sta	UOTI				L	YES	NO
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	ist complete	e the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning i	s
	clear. If you need more spa							
	period, was broadcast by a			ision program ("substitute p				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					• •	,	
				r "Yes." Otherwise enter "N				
				sting the substitute program				
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mor	th and day	when your svs	tem carried the substitute p	program. Use	numerals.	with the mo	onth
	first. Example: for May 7 giv		inion you eye		eee	nanio alo,		
	Column 6: State the time	es when the		gram was carried by your o				ely
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sl	hould be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for preserv	mming that y	ourovotom	waa raawin	and a second
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							Jam
	effect on October 19, 1976.					-		
	effect on October 19, 1976.			•		_		1
				·		N SUBSTI		
		UBSTITUT		·	CARRI	AGE OCC	URRED	7. REASON FOR DELETION
			E PROGRAN 3. STATION'S CALL SIGN	·		AGE OCC		7. REASON FOR DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S	1	5. MONTH	AGE OCC 6. T	URRED TIMES	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	S	YSTEM ID# 770
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e ),587.81
L 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.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	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,	· · ·	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	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 \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	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 Due	1. 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: ABLEVISION INC		SYSTEM ID 77(
M Channels	<ul> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ul>	You must give (1) the number of channels on which rs, and (2) the cable system's total number of activa al number of channels on which the cable d television broadcast stations		9 171
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION about this statement of account.)	IS NEEDED (Identify an individual to whom	
for Further Information	Name	Richard J Sjoberg	Telephone	218-681-3044
	Address	315 Main Ave N (Number, street, rural route, apartment, or suite number) Thief River Falls, MN 56701		
	Email	(City, town, state, zip)	Fax (optional) 218-681-6801	
0			signed in accordance with Copyright Office regulations)	
Certification		ned, hereby certify that (Check one, but only one, of the ere other than corporation or partnership) I am the o	e boxes.) owner of the cable system as identified in line 1 of space B; o	or
	X (Off	n line 1 of space B and that the owner is not a corporate	I am the duly authorized agent of the owner of the cable sys ation or partnership; or partner (if a partnership) of the legal entity identified as owner	
	<ul> <li>I have examin are true, compl</li> </ul>		penalty of law that all statements of fact contained herein ion, and belief, and are made in good faith.	
		Enter an electronic s	hard J Sjoberg signature on the line above to certify this statement. g an "/s/ signature" (e.g., /s/ John Smith)	
1		Typed or printed name: <b>Richar</b>	rd J Sjoberg	
l		Title: President (Title of official position held in con	rporation or partnership)	
		Date:	7/12/17	

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 telephoi 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of Iav

	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BERGS CABLEVISION INC	77
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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.	
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.	
** 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	

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