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					
02/20/2018	\$ 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

	1								
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
		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							
В		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								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM								
		MONTANA SKY WEST, LLC.							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		1286 BURNS WAY							
		(Number, street, rural route, apartment, or suite number)							
		KALISPELL, MT 59901 (City, town, state, zip)							
	INICTE								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		LIBBY, MT							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	1286 BURNS WAY (Number, street, rural route, apartment, or suite number)							
		KALISPELL, MT 59901							
	1	(City, town, state, zip code)							

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• · · · · · · · · · · · · · · · · · · ·	2047/2								
Accounting Period:	2017/2	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name		14946							
	MONTANA SKY WEST, LLC.  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	identified city.								
	CITY OR TOWN	STATE							
First	LIBBY	MT							
Community									
Add Rows as Necessary									
,									
		0.000,000,000,000,000,000,000,000,000,0							

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MONTANA SKY WEST, LLC.

#SYSTEM ID 14946

# 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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	629	34.95				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:	34.95	Installation: Non-residential			
• Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	39.99	Burglar protection			
<ul><li>Additional set(s)</li></ul>		Other services:			
• FM radio (if separate rate)		Reconnect	29.99		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14946

#### MONTANA SKY WEST, LLC.

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
KREM	2	N	SPOKANE, WA
CBUT	3	<u> </u>	VANCOUVER, BC, CANADA
KXLY	4	N	SPOKANE, WA
KHQ	6	N	SPOKANE, WA
KSPS	7	E	SPOKANE, WA
KAYU	8	<u>l</u>	VANCOUVER, BC, CANADA
KCFW	9	N	KALISPELL, MT
KPAX	14	N	MISSOULA, MT
KUFM	17	E	MISSOULA, MT

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### MONTANA SKY WEST, LLC.

14946

#### 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).

0411 0101:	I ANA	0.5	LOGATION OF STATISM	0411 01011	I ANA	0.75	LOGATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<b></b>						
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		1					
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	<b> </b>						
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	1.2047/2						500	1101105 01055
ccounting Perio	d: 2017/2 LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	MONTANA SKY WEST		<u>_</u>					14946
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	NT AND PROGRAM LO	nG.			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programn	ify every no	nnetwork televi period, under sp	ision program, broadcast by pecific present and former F	/ a distant sta	julations, o	r authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special Statement and	During the accounting per	riod, did yo	ur cable syster	n carry, on a substitute ba	isis, any noni	network te	levision prog	ram
Program Log	broadcast by a distant sta	tion?			YES	NO		
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you	must com	olete the pro	gram
	log in block 2.  2. LOG OF SUBSTITUTION							
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in							
	effect on October 19, 1976				WHEN SUBSTITUTE			
		UBSTITUT 2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	AGE OCO	TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
								"
							_	
							_	
							_	
							_	
							_	
								"

Accounting Period:	2017/2		FORM SA	1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MONTANA SKY WEST, LLC.		S	STEM ID# 14946					
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary transm v to compute this a	ission service amount, see	<b>5,481.11</b> ss receipts)					
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 \$263,800  • 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 OF	R LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	t you must pay for	this six-mon						
	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	12	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but n			02:00					
	Base amount under statutory formula	263,800.00	,						
	2. 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					
	o. Interest charge. Enter the amount from the 4, space Q, page o			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	ut less than \$527,	600)						
	Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula	263,800.00							
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	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, 5, and 6	3							
	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 pay See page i of the general instructions in the paper SA1-2 form			its!					

Accounting Period:	2017/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF MONTANA SKY WEST,				SYSTEM ID# 14946
M Channels	_	. ,		on which the cable system carried television broadcast stations er of activated channels during the accounting period.	
	Enter the total number of system carried television l	9			
	Enter the total number of on which the cable systen and nonbroadcast service	m carried television broa		stations	196
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s		INFO	RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Ryan E	Bowman		Telephone 4	406-752-4335
	(Number, s	Burns Way street, rural route, apartment	t, or suite	e number)	
	Kalisp (City, town,	<b>ell, MT 59901</b> , state, zip)			
	Email	rbowman@montan	nasky.	net Fax (optional)	
O Certification	CERTIFICATION (This state  • I, the undersigned, hereby			tified and signed in accordance with Copyright Office regulations)	
				p) I am the owner of the cable system as identified in line 1 of space E	3; or
				artnership) I am the duly authorized agent of the owner of the cable s at a corporation or partnership; or	ystem as identified
	X (Officer or partn in line 1 of spa		corpora	ation) or a partner (if a partnership) of the legal entity identified as own	ner of the cable system
		ect to the best of my kno		clare under penalty of law that all statements of fact contained herein le, information, and belief, and are made in good faith.	
		<b>-</b>	X	/s/ Ryan Bowman	
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed na	ame:	Ryan Bowman	
			FO al positio	n held in corporation or partnership)	
		Date:		2/20/2018	

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ounting Period: 2017/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ONTANA SKY WEST, LLC.	14946
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.  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.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissionable by satellite carriers to satellite dish owners?  X NO	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayr For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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	
(interest charg	e)
* 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 p contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	lease
** 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, p list below the owner, address, first community served, ID number, and accounting period as given in the original fili	
Owner	
Address	
ID number	
First community served  Accounting period	

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