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 \$ 02/27/2018 ALLOCATION NUMBER								
\$ 02/27/2018	FOR COPYRIGHT OFFICE USE ONLY							
02/27/2018	DATE RECEIVED	AMOUNT						
	02/27/2018	7						

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	ACCO	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
		Pine Island Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		BEVCOMM
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		123 W 7th St (Number, street, rural route, apartment, or suite number)
		Blue Earth, MN 56013 (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 salready 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:
		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.

	LECAL NAME OF OWNED OF CARLE SYSTEM.	FORM SA1-2E. PAG SYSTEM								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	Pine Island Telephone Company	25								
	Instructions: List each separate community served by the cable system. A "comm									
D	"a separate and distinct community or municipal entity (including unincorporated									
	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.									
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the									
Area Served	identified city.									
Served										
	CITY OF TOWN	CTATE								
	CITY OR TOWN	STATE								
First	Pine Island	MN								
Community	Oronoco									
	Bay City	WI								
d Rows as Necessary	Hager City	WI								

Accounting Period: 2017/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 2566

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Pine Island Telephone Company

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			
CATECORY OF SERVICE	NO. OF	DATE	CATECORY OF SERVICE	NO. OF	DATE	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,438	81.95				
 Service to additional set(s) 						
FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
1		T			T	

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					
Pay cable		Motel, hotel					
 Pay cable—add'l channel 		Commercial					
Fire protection		• Pay cable					
•Burglar protection		 Pay cable-add'l channel 					
Installation: Residential		Fire protection					
• First set	35.00	Burglar protection					
Additional set(s)		Other services:					
• FM radio (if separate rate)		Reconnect	25.00				
Converter		Disconnect					
		Outlet relocation	45.00				
		Move to new address	45.00				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2566

Pine Island Telephone Company

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
KARE	11	N	Minneapolis St. Paul, MN
KARE WXNOW	11.2	l	Minneapolis St. Paul, MN
кттс	10	N	Rochester, MN
KTTC-CW	10.2	I	Rochester, MN
KMSP	9	I	Minneapolis St. Paul, MN
KXLT	47	I	Rochester, MN
KAAL	6	N	Austin, MN
KSTP	5	N	Minneapolis St. Paul, MN
KSTP H&I	5.7	N-M	Minneapolis St. Paul, MN
KTCA	2.1	Е	Minneapolis St. Paul, MN
KTCA-WX	2.4	E-M	Minneapolis St. Paul, MN
KTCA-LIFE	2.3	E-M	Minneapolis St. Paul, MN
KTCA-MN	2.2	E-M	Minneapolis St. Paul, MN
wcco	4	N	Minneapolis St. Paul, MN
WFTC	29	I	Minneapolis St. Paul, MN
KPXM	41	I	Minneapolis St. Paul, MN
KSTC	45	I	Minneapolis St. Paul, MN
KSTC THISTV	5.4	I-M	Minneapolis St. Paul, MN
KSTC-METV	5.3	I-M	Minneapolis St. Paul, MN
WEUX	48	I	Eau Claire, WI
WKBT	8	N	Lacrosse, WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Pine Island Telephone Company

2566

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	d: 2017/2 LEGAL NAME OF OWNER OF	CARLE CVC	TEM.				FOR	M SA1-2E. PAGE 5.				
Name	Pine Island Telephone							SYSTEM ID# 2566				
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Statement and												
Program Log	proadcast by a distant station?											
	Note: If your answer is "No	lote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.											
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in											
	effect on October 19, 1976.				1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-N CUDOT	ITUTE	1				
		HIPQTITI	TE PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FOI							
		2. LIVE?	3. STATION'S	1	5. MONTH 6. TIME			DELETION				
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			— то					
		ļ						ļ				

	LEGAL NAME OF OW	NER OF CABLE	SYSTEM:							SYSTEM II
Name	Pine Island Te								•	256
K Gross Receipts		e figure you g ss receipts) pa space E) durin general instru ots from subse	aid to your cand to your cand to your cand the accounctions located cribers for se	able system by nting period. Fed in the paper econdary trans	y subscribers For a further e r SA1-2 form. smission serv	for the explanatice(s)	system's tion of ho	s secondary tra w to compute	insmission servithis amount, see	ice e
	during the a			ment in space						68,914.66 (ross receipts)
L Copyright Royalty Fee	COPYRIGHT ROY Instructions: To co Complete block 1 Use block 1 if the Use block 2 if the Use block 3 if the Use block 3 if the	ompute the ro 1, block 2, or e amount of g e amount of g e amount of g	block 3. ross receipts ross receipts ross receipts	s in space K is s in space K is s in space K is	more than \$ more than \$	137,100 263,800) but less	than \$527,600		
			BLOCK	(1: GROSS I	RECEIPTS C	OF \$13	7,100 OF	RLESS		
	Instructions: As a accounting period		with gross re	ceipts of \$137,	,100 or less, th	ne royalt	y fee that	t you must pay t	for this six-month	1
	Line 1. Royalty fe	e for accountir	ng period							
	Line 2. Interest ch	arge. Enter th	ne amount fro	om line 4, spac	e Q, page 8 .					0.00
	Line 3. TOTAL R	OYALTY FEE	PAYABLE F	OR ACCOUN	TING PERIOD	Add lii	nes 1 and	12		
		BLOCK	2: GROSS I	RECEIPTS O	F \$263,800	OR LE	SS (but r	more than \$13	37,100)	
	1. Base amount u	nder statutory	formula				\$	263,800.0	0_	
	2. Enter amount of	of gross receip	ts from space	: К		· · · · · · .	\$	168,914.6	6_	
	3. Subtract line 2	from line 1				٠.	\$	94,885.3	4_	
	4. Enter the amou	int of gross red	ceipts from sp	oace K				\$	168,914.66	
	5. Enter the amou	int from line 3						. \$	94,885.34	
	6. Subtract line 5	from line 4						\$	74,029.32	•
	7. Multiply line 6 b	by .005 (enter t	igure here) .						. \$	370.15
	8. Interest charge	. Enter the an	nount from lin	e 4, space Q,	page 8					0.00
	9. TOTAL ROYAI	LTY FEE PAY	ABLE FOR A	ACCOUNTING	PERIOD. Add	d lines 7	and 8		_\$	370.15
		BLOCK 3	GROSS R	ECEIPTS OF	MORE THA	N \$263	3,800 (bu	ut less than \$5	27,600)	
	Enter the amount	int of gross red	ceipts from sp	pace K						
	2. Base amount u	nder statutory	formula			· · · · .	\$	263,800.0	<u>0</u>	
	3. Subtract line 2	from line 1				· · · · .			<u> </u>	
	4. Multiply line 3 b	у .01								
	5. Royalty due on	the first \$263,	800 of gross	receipts (unde	er statutory for	mula)		\$	1,319.00	:
	6. Interest charge	. Enter the an	nount from lin	ie 4, space Q,	page 8				0.00	
	7. TOTAL ROYAL	LTY FEE PAY	ABLE FOR A	ACCOUNTING	PERIOD. Add	d lines 4	, 5, and 6	S	·	
			FILING FEE	AND TOTAL	REMITTAN	ICE DL	ΙE			
EW E										
Filing Fee and Fotal Remittance	1. Royalty Fee Pa	yable for Acco	ounting Perio	d (from Block 1	1, 2, or 3, abov	/e)		\$	370.15	
Due	2. Filing Fee (See	the instruction	ns for more ir	nformation on fi	iling fee calcul	lations)		\$	20.00	
	3. TOTAL AMOU	NT DUE FOR	ACCOUNTII	NG PERIOD. A	Add lines 2 aı	nd 3			\$	390.15
	Important								gister of Copyri	ghts!
		See page	i of the gen	erai instructio	ons in the par	oer SA1	-2 torm f	or more inforn	nation.	

Accounting Period:	2017/2				FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: ephone Company			SYSTEM ID# 2566
M Channels	to its subscribers, 1. Enter the total is system carried the system carried to the total is on which the call.	and (2) the cable system's tot number of channels on which t elevision broadcast stations number of activated channels ble system carried television b		ng period.	90
N Individual to Be Contacted		BE CONTACTED IF FURTHE pout this statement of account.	INFORMATION IS NEEDED (Identify an individu	Il to whom	
for Further Information	Name	Gloria Pederson		Telephone 507-526-3252	
	Address	123 W 7th St (Number, street, rural route, apartme Blue Earth, MN 56013	t, or suite number)		
	Email	(City, town, state, zip) gpederson@bevo	omm.com Fa	(optional)	
	CERTIFICATION (This statement of account mus	be certified and signed in accordance with Copyri	ht Office regulations)	
O Certification		d, hereby certify that (Check one		fied in line 1 of anger Duor	
	(Agent	of owner other than corporation	ership) I am the owner of the cable system as ident or partnership) I am the duly authorized agent of ter is not a corporation or partnership; or		
		er or partner) I am an officer (if anne 1 of space B.	corporation) or a partner (if a partnership) of the lega	entity identified as owner of the cable system	1
		, and correct to the best of my kr	by declare under penalty of law that all statements on weldge, information, and belief, and are made in good weldge, information, and belief, and are made in good weldge, information, and belief, and are made in good well as well		
			X /s/ Arlette Dutton		
			ter an electronic signature on the line above to certify ter signature using an "/s/ signature" (e.g., /s/ John S		
		Typed or printed r	me: Arlette Dutton		
			hief Financial Officer Il position held in corporation or partnership)		
		Date:		2/27/2018	

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counting Period: 2017/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ne Island Telephone Company	2566
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 Name Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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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