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

| POR 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    | T               |

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                    | ACCC                                                                                                                                                                                                                            | 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<br>Period |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
| В                    |                                                                                                                                                                                                                                 | Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.                                               |  |  |  |  |  |  |  |
| Owner                |                                                                                                                                                                                                                                 | List any other name or names under which the owner conducts the business of the cable system.                                                                                                                                                                     |  |  |  |  |  |  |  |
|                      | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. |                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
|                      | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.                                                                                                       |                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                 | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM                                                                                                                                                                                                               |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                 | Midcontinent Communications                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                 | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)                                                                                                                                                                                                          |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                 | MAILING ADDRESS OF OWNER OF CABLE SYSTEM                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                 | PO Box 5040 (Number, street, rural route, apartment, or suite number)                                                                                                                                                                                             |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                 | Sioux Falls, SD 57117-5040<br>(City, town, state, zip)                                                                                                                                                                                                            |  |  |  |  |  |  |  |
| С                    |                                                                                                                                                                                                                                 | <b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                 | South Heart, ND                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                 | MAILING ADDRESS OF CABLE SYSTEM:                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
|                      | 2                                                                                                                                                                                                                               | PO Box 5040 (Number, street, rural route, apartment, or suite number)                                                                                                                                                                                             |  |  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                 | Sioux Falls, SD 57117-5040 (City, town, state, zip code)                                                                                                                                                                                                          |  |  |  |  |  |  |  |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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:                                                  | FORM SA1-2E. PAGI<br>SYSTEM I                                    |
|---------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Name                |                                                                                       |                                                                  |
|                     | Midcontinent Communications                                                           | 296                                                              |
|                     | Instructions: List each separate community served by the cable system. A "commu       |                                                                  |
| 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 kno |
|                     | 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     | e home parks should be reported in parentheses below the         |
| Area<br>Served      | identified city.                                                                      | ,                                                                |
| Served              |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     | CITY OR TOWN                                                                          | CTATE                                                            |
|                     | CITY OR TOWN                                                                          | STATE                                                            |
| First               | South Heart                                                                           | ND                                                               |
| Community           | Belfield                                                                              | ND                                                               |
|                     | Dickinson                                                                             | ND                                                               |
| d Rows as Necessary | Dickinson-outs                                                                        | ND                                                               |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |
|                     |                                                                                       |                                                                  |

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Midcontinent Communications** 

SYSTEM ID# 29666

### E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BL                                               | OCK 1                 |       | BLOCK 2                  |                       |       |  |  |  |  |  |
|--------------------------------------------------|-----------------------|-------|--------------------------|-----------------------|-------|--|--|--|--|--|
| CATEGORY OF SERVICE                              | NO. OF<br>SUBSCRIBERS | RATE  | CATEGORY OF SERVICE      | NO. OF<br>SUBSCRIBERS | RATE  |  |  |  |  |  |
| Residential:                                     |                       |       |                          |                       |       |  |  |  |  |  |
| <ul> <li>Service to first set</li> </ul>         | 726                   | 19.95 | <b>Business Accounts</b> | 29                    | 19.95 |  |  |  |  |  |
| <ul> <li>Service to additional set(s)</li> </ul> |                       |       | High Def Converter       | 313                   | 8.00  |  |  |  |  |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |       |                          |                       |       |  |  |  |  |  |
| Motel, hotel                                     | 44                    | 10.50 |                          |                       |       |  |  |  |  |  |
| Commercial                                       | 210                   | 68.95 |                          |                       |       |  |  |  |  |  |
| Converter                                        | 767                   | 3.00  |                          |                       |       |  |  |  |  |  |
| Residential                                      |                       |       |                          |                       |       |  |  |  |  |  |
| Non-residential                                  |                       |       |                          |                       |       |  |  |  |  |  |
|                                                  |                       | 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 2 |                               |                     |                      |       |
|-------------------------------------------------|---------|-------------------------------|---------------------|----------------------|-------|
| CATEGORY OF SERVICE                             | RATE    | CATEGORY OF SERVICE           | CATEGORY OF SERVICE | RATE                 |       |
| Continuing Services:                            |         | Installation: Non-residential |                     |                      |       |
| <ul> <li>Pay cable</li> </ul>                   | 16.00   | Motel, hotel                  | 50.00               | Digital 1            | 12.00 |
| <ul> <li>Pay cable—add'l channel</li> </ul>     |         | Commercial                    | 50.00               | Digital Variety      | 3.50  |
| <ul> <li>Fire protection</li> </ul>             |         | Pay cable                     |                     | Dig Sports & Vareity | 9.00  |
| <ul><li>Burglar protection</li></ul>            |         | Pay cable-add'l channel       |                     | Starz!&Encore        | 16.00 |
| Installation: Residential                       |         | Fire protection               |                     | Cinemax              | 16.00 |
| First set                                       | 35.00   | Burglar protection            |                     | TMC                  | 16.00 |
| <ul> <li>Additional set(s)</li> </ul>           | 25.00   | Other services:               |                     | Digital Espanol      | 4.00  |
| <ul> <li>FM radio (if separate rate)</li> </ul> |         | Reconnect                     | 25.00               |                      |       |
| <ul> <li>Converter</li> </ul>                   |         | Disconnect                    | -                   |                      |       |
|                                                 |         | Outlet relocation             | 25.00               |                      |       |
|                                                 |         | Move to new address           | 25.00               |                      |       |
|                                                 |         |                               |                     |                      |       |

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29666

## Midcontinent Communications PRIMARY TRANSMITTERS: TELEVISION

G

# Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KBMY-DT** 17 Ν **BISMARCK, ND (ABC) KBMY-DT2** 17.2 I-M **BISMARCK, ND (TJN)** KBMY-DT3 17.3 I-M **BISMARCK, ND(WDAY XTRAHD)** 9 DICKINSON, ND (PBS) Ε KDSE-DT 9.2 E-M KDSE-DT2 DICKINSON, ND(PBS WRLD/LIF) KDSE-DT3 9.3 E-M **DICKINSON, ND (PBS MN CHL)** KDSE-DT4 9.4 E-M **DICKINSON, ND (PBS KIDS)** 24 ı **KNDM MINOT, ND (HEROES)** 31.2 I-M **BISMARCK, ND (FOX-KNDX)** KFYR-DT2 7 Ν **KQCD-DT DICKINSON, ND (NBC)** 7.3 I-M **DICKINSON, ND (ME TV) KQCD-DT3** KXMA-DT 19 ı **DICKINSON, ND (CW)** N-M KXMA-DT2 19.2 **DICKINSON, ND (CBS)** 

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Midcontinent Communications**

29666

#### 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 |
|-----------|--------------|-----|---------------------|-----------|----------|-----|---------------------|
|           |              |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <b>_</b>     |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <b></b>      |     |                     |           |          |     |                     |
|           | <b></b>      |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           | <b>†</b>     |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <b></b>      |     |                     |           |          |     |                     |
|           | <b></b>      |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           | <b>†</b>     |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <b></b>      |     |                     |           |          |     |                     |
|           | <b>_</b>     |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           | <b>†</b>     |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <b></b>      |     |                     |           |          |     |                     |
|           | <b></b>      |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           |              |     |                     |           |          |     |                     |
|           | <b>†</b>     |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <del> </del> |     |                     |           |          |     |                     |
|           | <b></b>      |     |                     |           |          |     |                     |
|           | <b>_</b>     |     |                     |           |          |     |                     |
|           | 1            |     | 1                   |           |          |     |                     |

| A                                                      | 1. 2017/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    | 500                                                                                                                                                                | M 0 A 4 0 E D A 0 E E                       |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Accounting Perio                                       | LEGAL NAME OF OWNER OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CARLE SYST                                                                                                                                                                                                                                                                          | TEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    | FUR                                                                                                                                                                | M SA1-2E. PAGE 5.  SYSTEM ID#               |
| Name                                                   | Midcontinent Commun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                     | I ∟IVI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                                                                                                                    | 29666                                       |
| Substitute Carriage: Special Statement and Program Log | SUBSTITUTE CARRIAGE In General: In space I, identification in the programmi  1. SPECIAL STATEMENT  • During the accounting periphroadcast by a distant state the state of the programmi in the programmi in the product of the product of the product of the period, was broadcast by a column 1: Give the title of period, was broadcast by a column 1: Give the title of period, was broadcast by a column 2: If the program column 3: Give the call secolumn 3: Give the call secolumn 4: Give the broad the case of Mexican or Canac Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m." | fy every nor occupanting peng that must CONCER od, did you ion?  I leave the PROGRA tute prograce, please a of every nor distant static gulations, o es like "mor Bulls."  I was broade sign of the sed cast static addian static addian static estample: a sex when the example: a | nnetwork televiseriod, under spets be included in the included | sion program, broadcast becific present and former For this log, see page (v) of the program, on a substitute base le blank. If your answer is the line. Use abbreviations tows to the tables. It is is program ("substitute ur cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter lesting the substitute program to which the community with which the community with which the community with which the carried the substitute gram was carried by you led by a system from 6:01 | y a distant state FCC rules, regulate he general instructions wherever pose e program") that ted for the progneral instruction am titles, for exam.  The station is lice e station is idea in program. Use reable system in the first p.m. to 6:20. | lations, or autructions in the ructions at complete at, during the gramming of ans for further ample, "I Lowensed by the ntified). | thorizations. e paper SA1 sion program YES the program meaning is e accounting another stal r information we Lucy" or FCC or, in with the mor es accurate hould be | m carried on a For a further -2 form.  NO m |
|                                                        | Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nd regulation ming that y                                                                                                                                                                                                                                                           | ons in effect du                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ring the accounting perions of the second second to delete under the second sec                                                                                                                                                                                                                                                                                                          | od; enter the let<br>der FCC rules a                                                                                                                                                                                                                | tter "P" if the                                                                                                                                                                                    | listed progr<br>ns in                                                                                                                                              |                                             |
|                                                        | TITLE OF PROGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. LIVE?<br>Yes or No                                                                                                                                                                                                                                                               | 3. STATION'S<br>CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4. STATION'S LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. MONTH                                                                                                                                                                                                                                            | 6. T                                                                                                                                                                                               | IMES<br>— TO                                                                                                                                                       | DELETION                                    |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                                                                                                                    |                                             |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                                                                                                                    |                                             |

| ccounting Period:                  | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                               | A1-2E. PAGE      |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------|------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                               | YSTEM ID<br>2966 |
| <b>K</b><br>Gross Receipts         | GROSS RECEIPTS Instructions: The figure you give in this space determines the form all amounts (gross receipts) paid to your cable system by subscriber (as identified in space E) during the accounting period. For a further page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission senduring the accounting period.  IMPORTANT: You must complete a statement in space P concernin | s for the systemexplanation of the system of | m's secondary trans<br>how to compute th | smission services amount, see | 5,135.80         |
| L<br>Copyright<br>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 o  Use block 2 if the amount of gross receipts in space K is more than \$  Use block 3 if the amount of gross receipts in space K is more than \$  See page (vi) of the general instructions located in the paper SA1-2 form                                                | \$137,100 but le<br>\$263,800 but le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ess than \$527,600                       | \$263,800                     |                  |
|                                    | BLOCK 1: GROSS RECEIPTS                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF \$137,100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OR LESS                                  |                               |                  |
|                                    | Instructions: As a cable system with gross receipts of \$137,100 or less, t accounting period is \$52.00  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 PERIO                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                               |                  |
|                                    | BLOCK 2: GROSS RECEIPTS OF \$263,800                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | •                             |                  |
|                                    | Base amount under statutory formula                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·    | -                             |                  |
|                                    | 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                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | 175,135.80                    |                  |
|                                    | 5. Enter the amount from line 3                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | 88,664.20                     |                  |
|                                    | Subtract line 5 from line 4      Multiply line 6 by .005 (enter figure here)                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | 86,471.60                     | 432.36           |
|                                    | Noticiply line 0 by 3000 (effect figure fiere)      Interest charge. Enter the amount from line 4, space Q, page 8                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                               | 0.00             |
|                                    | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Ac                                                                                                                                                                                                                                                                                                                                                                                                           | dd lines 7 and 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | \$                            | 432.36           |
|                                    | BLOCK 3: GROSS RECEIPTS OF MORE TH                                                                                                                                                                                                                                                                                                                                                                                                                               | AN \$263,800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (but less than \$52                      | 7,600)                        |                  |
|                                    | Enter the amount of gross receipts from space K                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                               |                  |
|                                    | Enter the amount or gross receipts from space K      Base amount under statutory formula                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | _                             |                  |
|                                    | Subtract line 2 from line 1                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | -                             |                  |
|                                    | 4. Multiply line 3 by .01                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | -                             |                  |
|                                    | 5. Royalty due on the first \$263,800 of gross receipts (under statutory fo                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | 1,319.00                      |                  |
|                                    | 6. Interest charge. Enter the amount from line 4, space Q, page 8                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                               |                  |
|                                    | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Ac                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                               |                  |
|                                    | FILING FEE AND TOTAL REMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                    | NCE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                               |                  |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                               |                  |
| Filing Fee and<br>Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, abo                                                                                                                                                                                                                                                                                                                                                                                         | ove)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>\$</b>                                | 432.36                        |                  |
| Due                                | Filing Fee (See the instructions for more information on filing fee calculated)                                                                                                                                                                                                                                                                                                                                                                                  | ulations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>\$</u>                                | 20.00                         |                  |
|                                    | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 a                                                                                                                                                                                                                                                                                                                                                                                                         | and 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          | \$                            | 452.36           |
|                                    | Important: Your remittance must be in the form of an electro<br>See page i of the general instructions in the pa                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                               | hts!             |

| Accounting Period:                 | 2017/2                                                                                                                                                                         |                                                                                |                       |              |               |       |        |       |     |       |       |       |       |        |       |      |       |        |       |        |        |              |        |      |        |      | FO | RM S | \1-2E | E. P/ | AGE 7         |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|--------------|---------------|-------|--------|-------|-----|-------|-------|-------|-------|--------|-------|------|-------|--------|-------|--------|--------|--------------|--------|------|--------|------|----|------|-------|-------|---------------|
| Name                               | LEGAL NAME OF OWNER O                                                                                                                                                          |                                                                                |                       |              |               |       |        |       |     |       |       |       |       |        |       |      |       |        |       |        |        |              |        |      |        |      |    |      | SYS   |       | и ID#<br>9666 |
| M<br>Channels                      | CHANNELS Instructions: You must g to its subscribers, and (2)  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system. | the cable system's to<br>of channels on which<br>broadcast stations.           | the cable             | mber<br>able | ber d         | er of | f acti | ivat  | ted | cha   | nnels | dur   | ing t | he a   | ccol  | unt  | ting  | peri   | iod.  |        | ations |              |        |      |        | 1    |    |      |       |       |               |
|                                    | and nonbroadcast service                                                                                                                                                       | es                                                                             |                       |              |               |       |        |       |     |       |       |       |       |        |       |      |       |        |       |        |        |              |        |      |        | 7    |    |      |       |       |               |
| N<br>Individual to<br>Be Contacted | INDIVIDUAL TO BE CON we can contact about this                                                                                                                                 | statement of account                                                           |                       | ORM          | DRM.          | MA    | ATIO   | N IS  | SN  | IEE   | DED   | (Ider | ntify | an in  | divi  | idua | al to | o wh   |       |        |        |              |        |      |        |      |    |      |       |       |               |
| for Further<br>Information         | Name <b>Wynn</b>                                                                                                                                                               | e Haakenstad                                                                   |                       |              |               |       |        |       |     |       |       |       |       |        |       |      |       |        |       | reie   | pnon   | e <b>9</b> 5 | 2-8    | 44-  | 262    | 22   |    |      |       |       |               |
|                                    | (Number,<br><b>Edina</b>                                                                                                                                                       | Minnesota Drive<br>street, rural route, apartm<br>, MN 55435<br>n, state, zip) |                       |              |               |       |        | )     |     |       |       |       |       |        |       |      |       |        |       |        |        |              |        |      |        |      |    |      |       |       |               |
|                                    | Email                                                                                                                                                                          | wynne.haakenst                                                                 | tad@mid               | nidco        | dco.          | co.c  | com    |       |     |       |       |       |       |        | F     | Fax  | k (0  | ptior  | nal)  |        |        |              |        |      |        |      |    |      |       |       |               |
| 0                                  | CERTIFICATION (This state                                                                                                                                                      | ement of account mus                                                           | ıst be cer            | certifi      | rtifie        | fied  | d and  | d sig | gne | d in  | acco  | rdar  | nce v | with ( | Cop   | yriç | ght   | Offic  | ce re | egula  | itions | 5)           |        |      |        |      |    |      |       |       |               |
| Certification                      | • I, the undersigned, hereby                                                                                                                                                   | certify that (Check one                                                        | e, but onl            | only c       | ly on         | one   | e, of  | the   | bo  | xes.  | )     |       |       |        |       |      |       |        |       |        |        |              |        |      |        |      |    |      |       |       |               |
|                                    | (Owner other th                                                                                                                                                                | an corporation or pa                                                           | ırtnership            | hip) l       | <b>p)</b> l a | l ar  | m the  | e ov  | wne | er of | the c | able  | syste | em a   | s ide | ent  | ified | d in I | ine 1 | 1 of s | pace   | B; or        |        |      |        |      |    |      |       |       |               |
|                                    |                                                                                                                                                                                | other than corporati                                                           |                       |              |               |       |        |       |     |       |       |       |       | d age  | ent d | of t | he o  | owne   | er of | the c  | able   | syste        | m as   | ider | ntifie | d    |    |      |       |       |               |
|                                    |                                                                                                                                                                                | ner) I am an officer (if                                                       |                       |              |               |       |        |       |     |       |       |       |       | of th  | ie le | egal | l en  | tity i | dent  | ified  | as ov  | vner o       | of the | cabl | le sy  | stem |    |      |       |       |               |
|                                    | I have examined the states<br>are true, complete, and corn<br>[18 U.S.C., Section 1001(19)]                                                                                    | ect to the best of my k                                                        | -                     |              |               |       |        |       |     | -     |       |       |       |        |       |      |       |        |       | ined I | nereii | า            |        |      |        |      |    |      |       |       |               |
|                                    |                                                                                                                                                                                |                                                                                | X                     | . /          | /s            | /s/   | / W    | ynr   | ne  | На    | ake   | nsta  | ad    |        |       |      |       |        |       |        |        | _            |        |      |        |      |    |      |       |       |               |
|                                    |                                                                                                                                                                                |                                                                                | Enter an<br>Enter sig |              |               |       |        | _     |     |       |       |       |       |        |       |      |       |        | tem   | ent.   |        |              |        |      |        |      |    |      |       |       |               |
|                                    |                                                                                                                                                                                | Typed or printed i                                                             | name:                 | :            | W             | W     | 'ynr   | ne    | Ha  | aak   | ens   | tad   |       |        |       |      |       |        |       |        |        |              |        |      |        |      |    |      |       |       |               |
|                                    |                                                                                                                                                                                | Title:<br>(Title of off                                                        | Direct                |              |               |       |        |       |     |       |       |       | ip)   |        |       |      |       |        |       |        |        |              |        |      |        |      |    |      |       |       |               |
|                                    |                                                                                                                                                                                | Date:                                                                          |                       |              |               |       |        |       |     |       |       |       |       |        |       |      | 2     | /22/   | 18    |        |        |              |        |      |        |      |    |      |       |       |               |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

| counting Period: 2017/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FORM SA1-2E. PAGE 8.                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| GAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SYSTEM ID#                           |
| idcontinent Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 29666                                |
| 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 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 underpayment.                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.                                                                                                                                                                                                                                                                                                                                                                                                                | Q                                    |
| Line 1 Enter the amount of late payment or underpayment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Interest Assessment                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _                                    |
| x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _                                    |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _                                    |
| xdays                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |
| 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 charge)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |
| * 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
| ID number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |
| First community served  Accounting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |
| Accounting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |

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 th 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 Office'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.