This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		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 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	_ '	Wanamingo, MN
		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)
	1	(Oity, town, state, zip code)

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

	LECAL NAME OF OWNER OF CARLE SYSTEM.	FORM SA1-2E. PAGI SYSTEM I					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
	Midcontinent Communications	330					
	Instructions: List each separate community served by the cable system.						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single						
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first communit	ry 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.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Area	identified city.	, or mobile nome parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Wanamingo	MN					
Community							
d Rows as Necessary							
a nows as recessary							

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Midcontinent Communications** 

SYSTEM ID# 33056

# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	30	61.95	Business Accounts	4	61.95
<ul> <li>Service to additional set(s)</li> </ul>			Nursing Homes	11	15.00
• FM radio (if separate rate)					
Motel, hotel					
Commercial	12	27.35			
Converter					
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 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	16.00	Motel, hotel	50.00		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	50.00		
<ul> <li>Fire protection</li> </ul>		Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection		Cinemax	16.00
<ul> <li>First set</li> </ul>	35.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<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# 33056

4. LOCATION OF STATION

#### **Midcontinent Communications**

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION
KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
KSTC-DT	45	l	MINNEAPOLIS, MN (IND-45)
KMSP-DT	9	I	MINNEAPOLIS, MN (FOX)
KSTP-DT	35	N	ST PAUL, MN (ABC)
KTCA-DT	34	E	ST PAUL, MN (PBS)
KTCI-DT3	23.3	E-M	ST PAUL ,MN (PBS TPT LIFE)
KTTC-DT	10	N	ROCHESTER, MN (NBC)
WCCO-DT	32	N	MINNEAPOLIS, MN (CBS)
WFTC-DT	29	l	MINNEAPOLIS, MN (MNT)
WUCW-DT	22	I	MINNEAPOLIS, MN (CW)

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Midcontinent Communications**

33056

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio		CARLE SVS	ΓΕM·				FOR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name			i Livi.					33056
Name    SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG					y a distant static CC rules, regulate general instructions wherever pose program") that ed for the program titles, for exemple, and its station is liced to program. Use program. Use	lations, or autructions in the ructions at the ructions for further ample, "I Lowersed by the rutified).	horizations. paper SA1 ion program YES the program meaning is accounting another stal information ye Lucy" or  FCC or, in with the mor es accurate	em carried on a For a further -2 form.  NO m
	stated as "6:00–6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting perions permitted to delete und	d; enter the le	tter "P" if the	listed progr	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. TI		DELETION
							_	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	S	YSTEM ID: 33056
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	nsmission servic nis amount, see	3,739.53
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo accounting period is \$52.00	or this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137		
	1. Base amount under statutory formula	<u> </u>	
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	27,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	_ ,	
	3. Subtract line 2 from line 1	=	
	4. Multiply line 3 by .01	=	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
		-	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	•	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
1	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Nama	Accounting Period:	: 2017/2	FORM SA1-2E. PAGE 7						
The instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to the sudscribers, and (2) the cable system is obtainable of activated channels during the accounting period.  1. Enter the total number of activation on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast stations.  46  Notice of the cable system carried television broadcast stations and nonbroadcast stations and nonbroadcast stations.  Notice of the cable system carried television broadcast stations and nonbroadcast stations and nonbroadcast stations.  Notice of the cable system carried television broadcast stations and nonbroadcast stations and nonbroadcast stations.  Notice of the cable system carried television broadcast stations and nonbroadcast stations and nonbroadcast stations.  Notice of the cable system carried television broadcast stations and nonbroadcast stations and nonbroadcast stations.  Notice of the cable system carried television broadcast stations and nonbroadcast stations and nonbroadcast stations.  Notice of the cable system cable of the cable system and television broadcast and nonbroadcast stations.  Notice of the cable system and television broadcast and nonbroadcast stations.  Notice of the cable system and television broadcast and nonbroadcast and nonbroadca	Name		SYSTEM ID# 33056						
Individual to Be Contacted for Further Information  Address  3600 Minnesotta Drive, STE 700 (Namber, street, reaf route, spetment, or suite surber)  Edina, MN, 55435 (City, lown, state, asp)  Email		Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations							
Address  3600 Minnesota Drive, STE 700 (Number, sfreet, rual rode, apartment, or sulte number)  Edina, MN 55435 (Cay, bown, state, 25)  Email wynne, haakenstad@midco.com Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  - I, the undersigned, hereby certify that (Check one, but only one, of the boxes,)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space 8.  (Officer or partner) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space 8.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and cornect to the best of my knowledge, information, and belief, and are made in good faith.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an electronic signature on the line above to certify this statement.  Enter an e	Individual to	we can contact about this statement of account.)							
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  Certification  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partnership; or a partnership; or the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C. Section 1001(1986)]  X /s/ Wynne Haakenstad  Enter an electronic signature on the line above to certify this statement.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Wynne Haakenstad  Title: Director of Programming  (Title of official position held in corporation or partnership).		Name Wynne Haakenstad Telephone	952-844-2622						
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  [Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  [Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  [Agent of owner other than corporation or partnership) or a partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or  [Agent of owner other than corporation or partnership; or owner of the cable system as identified in line 1 of space B; or  [Agent of owner other than corporation or partnership; or owner of the cable system as identified in line 1 of space B; or  [Agent of owner other than corporation or partnership; or owner of the cable system as identified in line 1 of space B; or  [Agent of owner other than corporation of partnership; or owner of the cable system as identified in line 1 of space B; or  [Agent of owner other than corporation of partner		(Number, street, rural route, apartment, or suite number)  Edina, MN 55435							
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership, or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]   X /s/ Wynne Haakenstad  Enter an electronic signature on the line above to certify this statement.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Wynne Haakenstad  Title:  Director of Programming  (Title of official position hed in corporation or partnership)									
Ocertification  In the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/ Wynne Haakenstad  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: Wynne Haakenstad  Title: Director of Programming  (Title of official position held in copporation or partnership)									
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:   Wynne Haakenstad  Title:   Director of Programming  (Title of official position held in corporation or partnership)	_	<ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> </ul>	stem as identified						
Title: Director of Programming  (Title of official position held in corporation or partnership)		Enter an electronic signature on the line above to certify this statement.							
(Title of official position held in corporation or partnership)									
Date: 2/22/18									
		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

ounting Period: 2017/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
dcontinent Communications	33056
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 Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
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	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance 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	

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