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			
02/21/2018	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@loc.gov

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

	1	
Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		MELROSE TELEPHONE COMPANY
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		150 2ND ST SW (Number, street, rural route, apartment, or suite number)
		PERHAM, MN 56573
		(City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Name MECAL NAME OF OWNER OF CABLE SYSTEM	FORM SA1-2E. PAGE	FO		ccounting Period:
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as def "as separate and district community on municipal entity (including unincorporated communities within unincorporated areas and discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identificatio as the "first community." Please use it as the first community on ill future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese identified city. First Community First Community MELROSE MIN MILLWOOD TWP MIN MILLWOOD TWP MIN SPRING HILL TWP MIN SPRING HILL TWP MIN SPRING HILL TWP MIN GREY EAGLE TWP MIN GREY EAGLE TWP MIN FOREST PRARIE TWP MIN GREY EAGLE MIN GREY EAGLE MIN GREY EAGLE MIN GREY EAGLE MIN MIN MIN MIN BALL LUXENBURG TWP MIN MIN MIN MIN HANNANAH TWP MIN MIN MIN MIN MIN MIN MIN FAIRHAVEN MIN BURTRUM MIN KINGSTON TWP MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN MIN	SYSTEM I		L NAME OF OWNER OF CABLE SYSTEM:	
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and discrete unincorporated areas)." 47 C.F.R. 76.5 (dd). The first community that you list will serve as a form of system identificatio 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 parenthese identified city. CITY OR TOWN STATE MELROSE MMN MILLWOOD TWP MN MILLWOOD TWP MN NEW MUNICH MMN SPRING HILL TWP MN ST MARTIN MN WATKINS MN BIRCHDALE TWP MN GREY EAGLE TWP MN FARMING TWP MN GREY EAGLE TWP MN GREY EAGLE TWP MN GREY EAGLE TWP MN GREY EAGLE MN MN GREY EAGLE MN GREY EAGLE MN MN GREY EAGLE MN GREY EAGLE MN MN MN GREY EAGLE TWP MN MN MN MN GREY EAGLE TWP MN MN MN MN GREY EAGLE TWP MN MN MN MN GREY	626		ROSE TELEPHONE COMPANY	Name
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese identified city. CITY OR TOWN STATE MELROSE MN MELROSE TWP MN MILLWOOD TWP MN SPRING HILL TWP MN SPRING HILL TWP MN GREY EAGLE TWP MN FOREST PRARIE TWP MN GETTY TWP MN GREY EAGLE TWP MN GREY EAGLE TWP MN FOREST PRARIE TWP MN GREY EAGLE TWP MN GREY EAGLE TWP MN GREY EAGLE GREY WALD MN GREY EAGLE MN GREY E	nd including single	ties within unincorporated areas and i	parate and distinct community or municipal entity (including unincorporated coste unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	_
Area Served Identified city.				
First	eses below the	rks should be reported in parenthese:		Area
MELROSE TWP		STATE	CITY OR TOWN	
MILLWOOD TWP MN		MN	MELROSE	First
NEW MUNICH		MN	MELROSE TWP	Community
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Accounting Period: 2017/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MELROSE TELEPHONE COMPANY

SYSTEM ID# 62651

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		BLOC	K 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,714	34.95			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel	96	34.95			
Commercial					
Converter					
Residential					
Non-residential					
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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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	19.95	Motel, hotel		PAY CABLE	13.95
 Pay cable—add'l channel 		Commercial		PAY CABLE	14.95
Fire protection		• Pay cable		PAY CABLE	7.95
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	55.00	 Burglar protection 			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	55.00		
Converter		Disconnect			
		 Outlet relocation 	40.00		
		 Move to new address 	55.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62651

MELROSE TELEPHONE COMPANY

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
wcco	4	N	MINNEAPOLIS, MN
KMSP	9	N	MINNEAPOLIS, MN
WFTC	29	l	MINNEAPOLIS, MN
KARE	11	N	MINNEAPOLIS, MN
KTCA	2	E	MINNEAPOLIS, MN
KSTP	5	N	MINNEAPOLIS, MN
WUCW	23	l	MINNEAPOLIS, MN
KSTC	45	l	MINNEAPOLIS, MN
KPXM	41	l	ST. CLOUD, MN
KARE-2	11.2	I-M	MINNEAPOLIS, MN
WCCO-2	4.2	I-M	MINNEAPOLIS, MN
WUCW-4	23.4	I-M	MINNEAPOLIS, MN
KSTC-4	5.4	I-M	MINNEAPOLIS, MN
KSTC-6	5.6	I-M	MINNEAPOLIS, MN
KSTP-7	5.7	I-M	MINNEAPOLIS, MN
KSTC-3	5.3	I-M	MINNEAPOLIS, MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MELROSE TELEPHONE COMPANY

62651

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.

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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 Darie	od: 2017/2						FOR	M CA1 2E DACE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	MELROSE TELEPHON	IE COMP	ANY					62651
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system c substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 in the second						stem carried on a ans. For a further SA1-2 form. gram X NO gram g is ting station ation. or in month	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulatinming that	ions in effect d		ed; enter the I	etter "P" i	f the listed pr llations in	
	S	UBSTITUT	E PROGRAM	1	CARRI		CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION

Accounting Period:	2017/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MELROSE TELEPHONE COMPANY			S	62651
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the cast identified in space E) during the accounting period. For a further explanation 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.	system's se on of how t	condary transmi o compute this a	ssion service imount, see	9,070.20
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for t	his six-mon	
	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 PERIOD. Add li	nes 1 and 2	!	- <u>-</u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	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 \$26	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	319,070.20		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	55,270.20		
	4. Multiply line 3 by .01		\$	552.70	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6 .	·····	\$	1,871.70
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,871.70	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,891.70
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		_		ghts!

Accounting Period:	2017/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CAMELROSE TELEPHONE C			SYSTEM ID# 62651
M Channels	=		nels on which the cable system carried television broadcast mber of activated channels during the accounting period.	stations
	Enter the total number of cl system carried television broad		able	16
	Enter the total number of an on which the cable system or and nonbroadcast services .	carried television broad	east stations	267
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this state		FORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name MARY D	UNN	Т	elephone 218.346.8271
	Address 150 2ND (Number, street	ST SW eet, rural route, apartment, or	suite number)	
	PERHAN (City, town, sta	M, MN 56573 ate, zip)		
	Email	mary.dunn@arvig.co	n Fax (optional)	
	CERTIFICATION (This statement	ent of account must be	certified and signed in accordance with Copyright Office reg	ulations)
O Certification	• I, the undersigned, hereby ce	ertify that (Check one,bu	only one, of the boxes.)	
	(Owner other than	corporation or partner	ship) I am the owner of the cable system as identified in line 1	of space B; or
			r partnership) I am the duly authorized agent of the owner of a not a corporation or partnership; or	the cable system as identified
	X (Officer or partner in line 1 of space	,	poration) or a partner (if a partnership) of the legal entity ident	fied as owner of the cable system
		t to the best of my know	declare under penalty of law that all statements of fact contain edge, information, and belief, and are made in good faith.	ned herein
			/s/ David R. Arvig	
			an electronic signature on the line above to certify this statemen signature using an "/s/ signature" (e.g., /s/ John Smith)	t.
		Typed or printed name	David R. Arvig	
			President/COO sition held in corporation or partnership)	
	,	Date:	FEBRUARY 19, 2	018

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.

counting Period: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ELROSE TELEPHONE COMPANY	62651
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." 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	P Special Statement Concerning Gross Receipts Exclusion
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
ID number First community served Accounting period	

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