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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/27/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	665
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Alliance Communications Cooperative, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 349 (Number, street, rural route, apartment, or suite number)	
		Garretson, SD 57030	
<u> </u>	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	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(Number, street, rural roue, aparunent, or suite number) (City, town, state, zip code)	

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

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Alliance Communications Cooperative, Inc.	665
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known ys.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Howard	SD
Community	Carthage	SD
	Oldham	SD
dd Rows as Necessary	Ramona	SD

Name Allance Communications Cooperative, Inc. E Secondary Secondary Secondary In General: The information in space E should over all categories of secondary transmission service of the cable system. Ind is, the transmission of the scale or system is buscheses. Give information space E should over all categories of secondary tansmission service of the cable or system. Neurosci Subscripters: DM holds in space E, Link Cable or Subscripters in cach obscripters is the down of the cable or system. Neurosci Subscripters is the cable or system. The schematic of the cable or system is a state of the cable or system. Neurosci Subscripters is the cable of the cable or down by categories of secondary transmission service. In general, you can compute the number of subscripters in each category by counting the number of or subscripters of the cable or system. Neurosci Subscripters is the cable or system. Neurosci Subscripters in sech cable or system. Neurosci Subscripters of the cable or system. Neurosci Subscripter Subscripters of secondary transmission service that cable or down by categories of secondary transmission service that cable or subscripter and read or cable or system. Neurosci Subscripter Subscripters of the cable or spontations that cable or subscripters and the cable or spontation is the cable or spontation or spontations within a particular read or spontations. Subscripters of the cable or spontation is the cable or spontation or spontations within a particular read or spontations or spontations. Subscripters or centrip should be counted as a subscripter in each applicable category. Example, is an subscripter and read or spontations spontations spontations spontations within a spontation is sponterent or spontation is the cable or spontations spontations. Subsc	TEM IC
F 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 devision and rando broadcasts by your system to assoches. Give information about other services (including pay cable) in space F, not here. All the facts you safe must be those existing on the instance of about there services (including pay cable) in space F. and here. All the facts you safe must be those existing on the instance of subscribers in the indicated on the cable system. This is, the safe and state instances in the indicated—on the number of subscribers in subscribers in services of secondary transmission service of the number of subscribers in subscribers in standar rate charalegion of service. Individual service all the rule indicated—on the number of subscribers in subscribers in sequence (indicated). The number of subscribers in subscriber indicated in the indicated—on the number of subscribers in subscriber indicated. Bite (3) the the standar rate charalegion of entity shaddore op service. Individual or organization is receiving service in andicated are depresed to the indicated or of subscribers and papicate category. But and efficient category by the applies to your system. Note: Where an individual or organization is receiving service that fails undifferent from those printed in block 1 (for example, ters of services to there subscribers and rate categories is the individual or organization is receiving service in subscriber and rates in the right-hand block. A two- or three word description of the service is sufficient. Bite X = 10 to crite of subscribers in and subscriber in categories is the area different from those printed in block 1 (for example, ters of services to the subscribers and papicable category. But and rate categories is the	66
E In General: The information in space E should cover all categories of secondary transmission service. Give information about other services (including pay cable) in space F, not here. All the facts you state must be these existing on the sales about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the sales about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the sales about other services including pay cable) in space F, not here. All the facts you state must be those existing on the sales about other services include pay in the cable system. The sale should be constructed or all the raite includeed about the semont of the cable system in a particular rate charged for each category of service. Include both the smouth of the cable category is service that cable you in which is a particular rate charged for secondary transmission service is about the sale and the cable category is service. Include both in a particular rate charged is the sale service to additional sets. So would be included on the cable category is service that cable category. Example: a residential subscritter who pays extra for cable service to additional sets. So would be included on the sales applicable category. Example: a residential subscritter who pays extra for cable service to additional sets. Would be included on the sales applicable category. Example: a residential subscritter who pays extra for cable service to additional sets. Filted in block in space F. BLOCK 1 BLOCK 2 No. Of CATEGORY OF SERVICE Subscritters and sets. Basic Basic Services to first set Sis offer categories for secondapy transmission services that were not isteried in combination wi	
Secondry Transmission Rates Isote retransmission of levision and radio broadcasts by your system to subscrites: 3 cive information about other services including any cale bits in space E. In other A.I. the facts you safe must be those existing on the services sade Rates Rates Number of Subscrites: So thot books in space E. Call for the number of subscrites: To the calle system, broken down by categories of secondary transmission service. In general, you can compute the number of subscrites: To the about secondary transmission service. In general, you can compute the number of subscrites: To sub- comber of the particular service at the rate indicated—not the number of subscrites: To sub- scrites: The secondary transmission service. In general, you can compute the number of subscrites: To sub- scrites: The secondary transmission service. In general, you can compute the number of subscrites: To sub- scrites: The secondary transmission service in the sub- scrites: Sub-term of sub-scrites and rate is a sub- scrites: Sub-term of the sub-scrites: To sub-scrites: To sub- scrites: Sub-term of sub-scrites: To sub-scrites: To sub- scrites: Sub-term of the sub-scrites: To sub- scrites: The secondary transmission service that is the sub-scrite in court of sub-scrites in the sub- scrites: The sub-scrites: The secondary transmission service is sub-scrite in court of sub-scrites in the categories in the right-hand block. A two- or three-word description of the system service is sub-scrite in course in sub-scrites: The secondary transmission service in sub- scrites: The sub-scrites and rates, in the right-hand block. A two- or three-word descrites and rate - Service to ratific and set service in and offerent combination with my secondary transmission service for a single fee. There are two exceptions; you do not need to give the information concerning (1) services there thave scrites in the sub-scrites and offerent combinatin with my se	
Secondary Transmission Service: Sub- scripers and Rates about other services (including pay cable) in space F, not here. All the ficts you state must be those existing on the scripers and not 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 subscribers in each category by counting the number of subscribers in general, you can compute the number of subscribers in each category by counting the number of subscribers in you can compute the number of subscribers in each category by counting the number of subscribers in you can compute the number of subscribers in each category by counting the number of subscribers and you can compute the number of subscribers and rate general by line (Sample: S2Dnih). Summarize any standar rate variations within a particular rate categories, the period value (Sample: S2Dnih). Summarize any standar rate variations within a particular rate by that applies to your system. Note: Where an individual or organization is receiving service that fail under different categories, the period or endity stondu be counted one gain under "Samvice to additional sets)." Block 2.11 your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, lares 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 subscriber to first set -Service to first s	
Transmission Service: Sub scribers and Rates Isst day of the accounting period (June 30 or December 31, as the case may be). Rates 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 the each category by counting the number of billings in that category (if he number of secondary transmission service). Rate: Give the standard rate charged for each category derive. Induce to the number of secondary transmission service. In general standard rate charged for each category derive. Induce to the amount of the charge and the unit in which it is generally billed. (Example: 320/mth): Summarize any standard rate variations which a particular rate category. But do in licited decounts alloved for valorine gamma of subscribers and rate for each itseld category this systems must commonly provide to their subscribers. Give the number of subscribers and rate for each itseld category this pays extra for case 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 transmission). Sist them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the subscriber in subscriber who categories and rates, in the right-hand block. A two- or three-word description of the subscribers with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the subscriber is difficient. BLOCK 1 BLOCK 1 BLOCK 2 CATEGORY OF SERVICE NO. OF CATEGORY OF SERVICE NO. OF CATEGORY OF SERVICE NO. OF CATEGORY OF SERVICE	
Scribers and Rates 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 (in enumber of sets receiving service). Rate: Give the standard rate hanged for each category of service. Include both the anount of the charge and the unit in which it is generally billed. (Example: '320/mth'). Summarize any standard rate variations within a particular rate category, but do in licitude discounds 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 fails under different categories. Inta report on entity should be counted one again under "Service to additional set(s).'' Biock 2: If your cable system has rate categories for 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. BLOCK 1 BLOCK 1 BLOCK 2 NO.OF CATEGORY OF SERVICE SUBSCRIBERS Rate • Free/detailal • Service to difficult as device in the service is subscriber in the service is subscriber in the service is sufficient. Service to additional set(s).'' CATEGORY OF SERVICE NO.OF SERVICE Service to additional set(s).'' Service to additional set(s).'' • Service to	
Rates 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 its general is black its in the left-hand block its pape E. It the row 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 by uny system. Not: Where an individual or organizations is reaving service that fails under different from those bischers, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber should be counted as a subscriber in each applicable category. Example: a residential subscriber should be counted as a subscriber in each applicable category. Example: a residential subscriber is a rate categories for secondary transmission service that are different from those printed in block 1 (for example; bers of services that include one or more secondary transmissions), its them, together with the number of subscribers and rates, in the right-hand block. A two or three-word description of the subscriber is a rate categories of secondary transmission service in the subscriber is a set as a subscriber in the order the service is assochased and table, the regularization applicable category. Example: a set as a subscriber is applicable category is app	
Separately for the particular service at the rate indicated—or the number of sets receiving service). Rate: Give the standard rate hander of the schedgeny of service. Include both the annual 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. Dut of no linclude discusses Give the number of subschedges and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that fails under different categories. In the rest on proceed as a subsched 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)." Bick 2: If your cable system has rate categories for secondary transmission, list them, together with the number of subscribers of articles for secondary transmission, 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. Bic OCK 1 BLOCK 1 BLOCK 2 NO. OF CATEGORY OF SERVICE Subscribers and rates, in the right-hand block. A two- or three-word description of the service is difficient. • Service to difficient from tisse Basic 887. • Service to difficient form tisset State and rates, in the right-hand block. A two- or three-word description of the service is subscriber and rates, in the right-hand block. A two- or three-word description of the service is service basic and rates, in the right-hand block. A two- or three-word description of the servic	
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Services Other Than Secondary Rets SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space E calls for rate column. BLOCK 1 BLOCK 2 NO. OF SERVICE NO. OF SERVICE Services of first set : Services to first set : Services of space £; that is, those services that are not offerer in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information output any secondary transmission services for a single fee. There are two exceptions: you do not need to give rate information should include both the amount of the charge and the unit in white it is usually billed. If any rates are charged on a variable per-program basis, etter only the letters 'PP' in the rate column. Biock 2: List any services that pour cable system for each of the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services listed. Biock 2: List any services that your cable system for each of the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services listed. Biock 2: List any services that your cable system formshed or offered in combination should include both the amount of the charge and the unit in which as ear charge do an available per-program basis, enter only the letters 'PP' in the rate column. Biock 2: List any services that your cable syste	
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Residential: Service to first set Basic 887 Service to additional set(s) Elite 621 ·FM radio (if separate rate) Imited 11 Motel, hotel 33 9.00 Nursing Home 621 Commercial Imited 11 Nursing Home 16 Converter Imited 11 Nursing Home 58 · Residential Non-residential Imited 11 · Non-residential Imited 11 Nursing Home 58 Services 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 nee 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 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 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 listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1	
• Service to first set • Service to additional set(s) • Image: Service to additionaddito addito additionaddition with ary secondar	RAT
• Service to additional set(s) • FM radio (if separate rate) 621 Motel, hotel 33 9.00 Commercial 33 9.00 Converter • Residential	49.9
• FM radio (if separate rate) Motel, hotel Commercial 33 9.00 Converter 33 9.00 • Residential	49.8
Motel, hotel 33 9.00 Commercial	11.9
Commercial Converter Image: Converter Image: Conver	
Converter Residential Nursing Home 58 • Non-residential Image: Converter	8.0
• Residential • Non-residential • Non-residential • Non-residential F Services Services Other Than Secondary Transmissions Rates Services or a single fee. There are two exceptions: you do not need to give rate information concerning (1) services of furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services of 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 for each. E ELOCK 1 Block 1: Give the standard rate charged 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 Pay cable • Motel, hotel • Pay cable • Motel, hotel • Fire protection • Pay cable • Fire protection • Fire protection • Fire set det(s) 26.00 • Pay	9.0
•Non-residential Image: Comparison of the system of th	
F 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 of 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. Image: Category OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable - Motel, hotel Music • Pay cable - Pay cable - Pay cable - Pay cable • Fire protection - Pay cable - Pay cable - Pay cable Cinemax • Fire protection - Pay cable - Pay cable Showtime Showtime • First set 51.00 - Burglar protection <t< td=""><td></td></t<>	
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F 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 anount 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 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged 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 Pay cable •Motel, hotel •Pay cable •Motel, hotel •Fire protection •Pay cable •Fire protection •Pay cable •Fire protection •Pay cable •Fire set 51.00 •Fire rotection •Burglar protection •Fire rotection •Reconne	
Services Other Than Secondary Transmissions: 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 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a bited 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 Pay cable • Motel, hotel • Commercial Music • Pay cable • Motel, hotel • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable Showtime • First set 51.00 • Fire protection • Fire protection Starz/Encore • Fire radio (if separate rate) • Reconnect 30.00 • Disconnect • Disconnect	
Services Other Than Secondary Transmissions: Rates 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 Pay cable • Motel, hotel • Music • Music • Pay cable • Motel, hotel • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable Cinemax • Fire protection • Pay cable • Pay cable Showtime • Fire protection • Burglar protection • Burglar protection Starz/Encore • Fire st set 51.00 • Other services: • Reconnect 30.00 • Disconnect	
Secondary Transmissions: Rates 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 CATEGORY OF SERVICE: RATE CATEGORY OF SERVICE Ontinuing Services: Installation: Non-residential Music • Pay cable • Motel, hotel HBO • Fire protection • Pay cable • Pay cable • Burglar protection • Pay cable-add'I channel • Fire protection • First set 51.00 • Burglar protection Starz/Encore • Fire rotection • Reconnect 30.00 Starz/Encore • FM radio (if separate rate) • Reconnect 30.00 • Disconnect	
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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable • Motel, hotel Music HBO Cinemax • Pay cable • Pay cable • Pay cable • Motel, hotel BLOCK 1 • Fire protection • Pay cable • Pay cable • Showtime Showtime • First set 51.00 • Burglar protection • Burglar protection • Burglar protection • First set 51.00 • Burglar protection • Reconnect 30.00 • Starz/Encore • Reconnect 30.00 • Reconnect <td< td=""><td></td></td<>	
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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 CONTINUING Services: Installation: Non-residential • Pay cable • Motel, hotel Music HBO • Pay cable • Motel, hotel Cinemax Showtime • Fire protection • Pay cable • Commercial HBO Cinemax • Burglar protection • Pay cable-add'l channel • Pay cable-add'l channel Showtime • First set 51.00 • Burglar protection Starz/Encore • FM radio (if separate rate) • Reconnect 30.00 • Disconnect • STB/DVR 8.00 • Disconnect 30.00 • Disconnect	
BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential Music • Pay cable • Motel, hotel Music • Pay cable—add'l channel • Commercial HBO • Fire protection • Pay cable Cinemax • Burglar protection • Pay cable-add'l channel Showtime • First set 51.00 • Burglar protection Starz/Encore • First set 51.00 • Reconnect 30.00 • FM radio (if separate rate) • Reconnect 30.00	
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICEContinuing Services:Installation: Non-residentialMusic• Pay cable• Motel, hotel• Motel, hotelHBO• Pay cable—add'l channel• Commercial• CommercialHBO• Fire protection• Pay cable• Cinemax• Burglar protection• Pay cable-add'l channelShowtime• First set51.00• Burglar protectionStarz/Encore• FM radio (if separate rate)• Reconnect30.00• DisconnectSTB/DVR8.00• Disconnect• Disconnect• Disconnect	
Continuing Services: • Pay cableInstallation: Non-residential • Motel, hotelMusic HBO• Pay cable—add'l channel• Commercial• Commercial• Fire protection• Pay cableCinemax• Burglar protection• Pay cable-add'l channelShowtime• First set51.00• Burglar protectionStarz/Encore• First set51.00• Reconnect30.00• FM radio (if separate rate) STB/DVR8.00• Disconnect30.00	
• Pay cable• Motel, hotelMusic• Pay cable—add'l channel• Commercial• Commercial• Fire protection• Pay cableCinemax• Burglar protection• Pay cable-add'l channelShowtimeInstallation: Residential• Fire protectionStarz/Encore• First set51.00• Burglar protection• Reconnect• Additional set(s)26.00Other services:30.00• FM radio (if separate rate)• Reconnect30.00STB/DVR8.00• Disconnect• Disconnect	RATE
• Pay cable—add'l channel • Commercial HBO • Fire protection • Pay cable Cinemax • Burglar protection • Pay cable-add'l channel Showtime Installation: Residential • Fire protection Starz/Encore • First set 51.00 • Burglar protection Starz/Encore • Additional set(s) 26.00 Other services: 30.00 • FM radio (if separate rate) • Reconnect 30.00	
• Fire protection • Pay cable Cinemax • Burglar protection • Pay cable-add'l channel Showtime Installation: Residential • Fire protection Starz/Encore • First set 51.00 • Burglar protection Starz/Encore • Additional set(s) 26.00 Other services: - - • FM radio (if separate rate) • Reconnect 30.00 - - STB/DVR 8.00 • Disconnect - - -	-
•Burglar protection •Pay cable-add'l channel Showtime Installation: Residential •Fire protection Starz/Encore •First set 51.00 •Burglar protection Starz/Encore •Additional set(s) 26.00 Other services:	16.9
Installation: Residential • Fire protection Starz/Encore • First set 51.00 • Burglar protection Starz/Encore • Additional set(s) 26.00 Other services: • Reconnect 30.00 • FM radio (if separate rate) • Disconnect • Disconnect • Disconnect	9.9
• First set51.00• Burglar protection• Additional set(s)26.00Other services:• FM radio (if separate rate)• Reconnect30.00STB/DVR8.00• Disconnect	13.9
• Additional set(s) 26.00 Other services: 30.00 • FM radio (if separate rate) • Reconnect 30.00 STB/DVR 8.00 • Disconnect	9.9
• FM radio (if separate rate) STB/DVR • Reconnect • Disconnect • Disconnect	
STB/DVR 8.00 • Disconnect	
(Jutiet relocation	
• Outlet relocation • Move to new address	

				FORM SA1-2E. PAGE 3.
ame	LEGAL NAME OF OWNER OF			SYSTEM ID# 665
	Alliance Communicat	ions Cooperative, Inc.		005
G mary mitters: vision	In General: In space G, ide carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	entify every television station (including m during the accounting period, except in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of leles, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a subs- the Special Statement and Program Le d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a fu- (for network multicast), "I" (for indepen- per SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KELO	11.1	Ν	Sioux Falls, SD
	MyUTV	11.2	I-M	Sioux Falls, SD
Necessary	кттw	17.1	N	Sioux Falls, SD
	KDLT	47.1	N	Sioux Falls, SD
	KDLT	47.1	N	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
				u
	KDLT	47.2	I-M	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KDLT KSFY KSFY	47.2 13.1 13.2	I-M N	Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KCSD	24.2	E-M	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	E	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KCSD	24.2	E-M	Sioux Falls, SD
	KCSD	24.3	E-M	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KCSD	24.2	E-M	Sioux Falls, SD
	KCSD	24.3	E-M	Sioux Falls, SD
	KSCB	53	I	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KCSD	24.2	E-M	Sioux Falls, SD
	KCSD	24.3	E-M	Sioux Falls, SD
	KSCB	53	I	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KCSD	24.2	E-M	Sioux Falls, SD
	KCSD	24.3	E-M	Sioux Falls, SD
	KSCB	53	I	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KCSD	24.2	E-M	Sioux Falls, SD
	KCSD	24.3	E-M	Sioux Falls, SD
	KSCB	53	I	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KCSD	24.2	E-M	Sioux Falls, SD
	KCSD	24.3	E-M	Sioux Falls, SD
	KSCB	53	I	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KCSD	24.2	E-M	Sioux Falls, SD
	KCSD	24.3	E-M	Sioux Falls, SD
	KSCB	53	I	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KCSD	24.2	E-M	Sioux Falls, SD
	KCSD	24.3	E-M	Sioux Falls, SD
	KSCB	53	I	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KCSD	24.2	E-M	Sioux Falls, SD
	KCSD	24.3	E-M	Sioux Falls, SD
	KSCB	53	I	Sioux Falls, SD
	KDLT	47.2	I-M	Sioux Falls, SD
	KSFY	13.1	N	Sioux Falls, SD
	KSFY	13.2	I-M	Sioux Falls, SD
	KCPO	26	I	Sioux Falls, SD
	KCSD	24.1	E	Sioux Falls, SD
	KCSD	24.2	E-M	Sioux Falls, SD
	KCSD	24.3	E-M	Sioux Falls, SD
	KSCB	53	I	Sioux Falls, SD

Accounting F	Period: 2017	/2					FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
Alliance Col	mmunicatio	ons Co	operative, Inc.					665
all-band basis v Special Instrue	t every radio s whose signals ctions Conce	station ca were ge rning Al	arried on a separate and discr nerally receivable by your cab I-Band FM Carriage: Under (le system during Copyright Office r	the accountir egulations, ar	ng perio n FM sig	d. Inal is generally	H Primary
on the basis of For detailed infi paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Give the station	be recein the Co l sign of the the static tion's sig g a check n's locati	tem whenever it is received a ved at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	system's FM ante this point, see pa ed by the cable s ne station is licen	enna, during c ge (v) of the g system as a so sed by the FC	ertain s jeneral i eparate	tated intervals. nstructions in the. and discrete	Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						
L	I	I	1	1	l	I		

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Alliance Communication	ons Coop	erative, Inc.					665
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion that your	cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	<u>on</u> program	<u>1</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No'	' loovo tho	rest of this nad	e blank. If your answer is '	Yee " vou mi	ist complete :	-	
		, leave life	rest of this pag	e biank. Il your answer is	res, you mu		ine progran	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if their	meaning is	
	clear. If you need more spa					,	J	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample. "I Lov	e Lucv" or	1.
	"NBA Basketball: 76ers vs.							
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nead by tha	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, w	ith the mor	ith
	first. Example: for May 7 give				-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sno	ouid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	vas require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCU	IRRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –	MES - TO	DELETION
		100 01 110	ONEE OIGH		THE BITT		10	
							-	
							-	
							_	
						_	_	
							_	
						_	-	
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						_	_	
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							-	
						_	_	
							-	

Accounting Period:	2017/2			FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.			ç	BYSTEM ID# 665
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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 receipting from subscribers for secondary transmission.	ystem's s	econdary trans to compute this	mission servi s amount, see \$ 28	ce
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00				I
	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 line	es 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	ore than \$137,	100)	
	1. 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 a	and 8	······.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	281,953.07		
	2. Base amount under statutory formula \$	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	18,153.07		
			\$	181.53	
	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	
					4 500 50
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	s, and 6 .	•••••••	\$	1,500.53
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · · · ·	\$	1,500.53	
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			\$	1,520.53
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2017/2				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Munications Cooperative,	nc.		SYSTEM ID: 665
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	ers, and (2) the cable system's tal number of channels on whic ed television broadcast stations tal number of activated channe cable system carried televisior	3		17 197
N Individual to Be Contacted		TO BE CONTACTED IF FURTI t about this statement of accou	ER INFORMATION IS NEEDED (Identify an individ tt.)	ual to whom	
for Further Information	Name	Kari J. Flanagan		Telephone 605-594-82	28
	Address	612 3rd Street, PO B (Number, street, rural route, apar			
		Garretson, SD 5703 (City, town, state, zip)			
	Email	karif@alliance.	oop Fa	ax (optional) 605-594-6776	
O Certification	I, the undersig (Own (Age i X (Off i i I have examinare true, completion	ned, hereby certify that (Check of ner other than corporation or p ent of owner other than corpora in line 1 of space B and that the of icer or partner) I am an officer (in line 1 of space B. ed the statement of account and	ust be certified and signed in accordance with Copy he, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as iden tion or partnership) I am the duly authorized agent of where is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the leg hereby declare under penalty of law that all statements knowledge, information, and belief, and are made in generation X /s/ Kari J. Flanagan Enter an electronic signature on the line above to certification of the line of	ntified in line 1 of space B; or f the owner of the cable system as identified gal entity identified as owner of the cable s s of fact contained herein lood faith.	
		Typed or printe Title: (Title of	Enter signature using an "/s/ signature" (e.g., /s/ John		

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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

unting Period: 2017/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ance Communications Cooperative, Inc.	66
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 sis scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners? NO	ub- Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayme	nt -
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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