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					
01/16/2018	\$ 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

_						
A	ACC	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)				
		Surface Sala I ming I cried (optional See monacions)				
Accounting Period						
		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				
В		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.					
		770				
		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				
		SJOBERGS CABLEVISION INC				
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)				
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM				
		315 MAIN AVE N				
		(Number, street, rural route, apartment, or suite number)				
		THIEF RIVER FALLS, MN 56701-1905				
		(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:				
		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.

Accounting Period:	2017/2								
	T	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	SJOBERGS CABLEVISION INC	770							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 Served	identified city.								
	CITY OR TOWN	STATE							
First Community	GREENBUSH	MN							
Add Davis on Nanasan									
Add Rows as Necessary									

Accounting Period: 2017/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SJOBERGS CABLEVISION INC

SYSTEM ID#

FORM SA1-2E, PAGE 2

770

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		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	180	64.92/MO	MOTEL EXTRA SET	9	1.50/MC
Service to additional set(s)	N/C	N/C			
FM radio (if separate rate)	N/A				
Motel, hotel	1	64.92/MO			
Commercial	6	64.92/MO			
Converter	N/A				
Residential	N/A				
Non-residential	N/A				

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.

BLOC		CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	11.00/MO	Motel, hotel	T+M		
 Pay cable—add'l channel 	N/A	Commercial	T+M		
Fire protection	N/A	• Pay cable	N/C		
 Burglar protection 	N/A	 Pay cable-add'l channel 	N/A		
Installation: Residential		Fire protection	N/A		
First set	N/C	 Burglar protection 	N/A		
 Additional set(s) 	35.00	Other services:			
• FM radio (if separate rate)		Reconnect	N/C		
Converter	N/A	Disconnect	N/C		
		 Outlet relocation 	N/C		
		 Move to new address 	N/C		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SJOBERGS CABLEVISION INC PRIMARY TRANSMITTERS: TELEVISION

770

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
KXJB	4	N	FARGO/VALLEY CITY, ND
КСРМ	5		GRAND FORKS, ND
СКҮ	7	I	WINNIPEG, MANITOBA
CBWT	6	I	WINNIPEG, MANITOBA
WDAZ	8	N	DEVILS LAKE, ND
KVLY	11	N	FARGO/GRAND FORKS, ND
KAWE	9	E	BEMIDJI, MN
KBRR	17	N	THIEF RIVER FALLS, MN
KGFE	3	E	GRAND FORKS, ND

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SJOBERGS CABLEVISION INC

770

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).

0411 0101:	I ANA	0.5	LOGATION OF STATISM	0411 01011	I ANA	0.75	LOGATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
	ļ						
		1					
	ļ						
	 						
	l				l		l

ccounting Perio	nd: 2017/2						EOD	M SA1-2E. PAGE 5.
accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#
Name	SJOBERGS CABLEVI	SION INC						770
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, idensubstitute basis during the aexplanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant statement	tify every no accounting p ning that mu T CONCEF riod, did you	nnetwork televi eriod, under sp st be included	ision program, broadcast be becific present and former in this log, see page (v) of TITUTE CARRIAGE	by a <i>distant</i> sta FCC rules, reg the general ins	ulations, d structions	or authorization in the paper S	ns. For a further SA1-2 form.
	Note: If your answer is "No log in block 2.	o", leave the	rest of this pa	age blank. If your answer	is "Yes," you ι	must com	plete the pro	gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broothe case of Mexican or Calumn 5: Give the monfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	titute prograce, please of every not a distant stategulations, or its like "mo Bulls." m was broasign of the addast statination and adday ve "5/7." les when the Example: "ter "R" if the and regulatimming that	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask dcast live, ent- station broadd on's location (ons, if any, the when your sy- e substitute pro- a program car elisted program ions in effect of	I rows to the tables. vision program ("substitutour cable system substitutes. See page (v) of the greetball." List specific progrer "Yes." Otherwise enter casting the substitute program community to which the community with which the stem carried the substitute or carried the substitute or carried by your list of the system from 6.00 m was substituted for program was carried for program was carried for program was substituted for program was substituted for program the accounting periods.	te program") ti uted for the pro- gram titles, for e "No." gram. he station is lide program. Usur cable syste 11:15 p.m. to 6 gramming that od; enter the li	hat, durin ogrammir ions for for example, censed by lentified). se numer m. List the 5:28:30 p. t your sys letter "P"	g the accounting of another urther information. If Love Lucy the FCC or, als, with the retimes accurum, should be them was requifithe listed principles.	ting station ation. or in month rately
	effect on October 19, 1976.					WHEN SUBSTITUTE		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		CARRIAGE OCCURRED 5. MONTH 6. TIMES AND DAY FROM — TO		7. REASON FOR DELETION	

Accounting Period:	201//2		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	S	770 rstem
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	2,200.10 ss receipts)
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 \$2 • 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.	63,800	
	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 for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	_
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	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 \$527,	600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		1,319.00	
	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	4 B - W 5 - B - W 6 - A	F0 00	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more information		nts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 770
M Channels	CHANNELS 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.	
	Enter the total number of channels on which the cable system carried television broadcast stations	9
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	171
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Richard J Sjoberg Telephone 218-681	-3044
	Address 315 Main Ave N (Number, street, rural route, apartment, or suite number)	
	Thief River Falls, MN 56701 (City, town, state, zip)	
	Email rsjoberg@mncable.net Fax (optional) 218-681-6801	
0	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 in line 1 of space B and that the owner is not a corporation or partnership; or	dentified
	(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 c in line 1 of space B.	able system
	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/ Richard J Sjoberg	
	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: Richard J Sjoberg	
	Title: President (Title of official position held in corporation or partnership)	
	Date: 7/12/17	

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ounting Period: 201	17/2		FORM SA1-2E. PAGE 8
AL NAME OF OWNE	R OF CABLE SYSTEM:		SYSTEM ID:
DBERGS CABL	EVISION INC		770
The Satellite Hom lowing sentence: "In determine service of scribers and scribers and scribers and located in the pape During the account made by satellite of X NO	ATEMENT CONCERNING GROSS RECEIPTS EXCLUST the Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the straining the total number of subscribers and the gross amounts paid to providing secondary transmissions of primary broadcast transmitter and amounts collected from subscribers receiving secondary transmission on when to exclude these amounts, see the note on page (vii) of the SA1-2 form. Inting period, did the cable system exclude any amounts of gross recording secondary transmission on when to exclude these amounts, see the note on page (vii) of the SA1-2 form. Inting period, did the cable system exclude any amounts of gross recording to satellite dish owners?	e Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub- ssions pursuant to section 119." of the general instructions ceipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENT		
•	te this worksheet for those royalty payments submitted as a result on of interest assessment, see page (viii) of the general instructions I		Q
Line 1 Enter the	amount of late payment or underpayment		Interest Assessment
		x	
Line 2 Multiply li	ne 1 by the interest rate* and enter the sum here		
Line 2 Manaphy III	The Fiby the interest fate and offer the sum fore		
		xdays	
Line 3 Multiply lin	ne 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply lin	ne 3 by 0.00274** and enter here		
	, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	\$ -	
		(interest charge)	
	interest rate chart click on www.copyright.gov/licensing/interest-rate Licensing Division at (202) 707-8150 or licensing@loc.gov.	e.pdf. For further assistance please	
** This is the o	decimal equivalent of 1/365, which is the interest assessment for one	e day late.	
	filling this worksheet covering a statement of account already submit ner, address, first community served, ID number, and accounting per		
list below the own			
list below the own			
list below the own	ner, address, first community served, ID number, and accounting per		

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