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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	by email to:	
for Secondar	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instruc	ms (Short Form) ctions are located of this workbook	01/16/2018	\$ ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2017/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	- see instructions)	
	Instructions:			
В	Give the full legal name of the owner of t of the subsidiary, not that of the parent of		liary of another corporation, give the full con	rporate title
Owner	List any other name or names under which	ch the owner conducts the business of th	e cable system	
				u kasik s
	single statement of account and royalty f		ne last day of the accounting period should s ing period.	submit a
	Check here if this is the system's first filin	ng. If not, enter the system's ID number a	ssigned by the Licensing Division.	771
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	SJOBERGS CABLEVISION INC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	315 MAIN AVE N			
	(Number, street, rural route, apartment, or suite THIEF RIVER FALLS, MN 5 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTE	И:		
	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.

Return completed workbook by email to:

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	SJOBERGS CABLEVISION INC	77
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 knov 35.
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	KARLSTAD	MN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1		
Name	SJOBERGS CABLEVIS								77	
E	SECONDARY TRANSMISSION In General: The information in s			-	-	rv transmission	service of t	he cable		
	system, that is, the retransmissi			-		•				
Secondary	about other services (including p									
Transmission	last day of the accounting period	•				,				
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•								
Rates	each category by counting the n	•				•				
	separately for the particular serv		-					g		
	Rate: Give the standard rate of									
	unit in which it is generally billed				ny standa	ard rate variation	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block				ies of sec	condary transmis	ssion servi	ce that cable		
	systems most commonly provide	•		•						
	that applies to your system. Not							0,		
	categories, that person or entity					0,	•			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example,	•								
	with the number of subscribers					,				
	sufficient.	,	0			•				
	BL	OCK 1					BLOCK		-	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		185	64.92/MO						
	 Service to additional set(s) 	N/A		N/C						
	• FM radio (if separate rate)	N/A								
	Motel, hotel		8	64.92/MO						
	Commercial		6	64.92/MO						
	Converter	N/A								
	Residential	N/A								
	Non-residential	N/A								
	SERVICES OTHER THAN SEC				-					
F	In General: Space F calls for ra									
•	not covered in space E, that is, the									
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• • •			
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the					-		-		
ransmissions:		Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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.									
	CATEGORY OF SERVICE	BLO		GORY OF SER		RATE	CATEC	BLOCK 2 DRY OF SERVICE	RATE	
	Continuing Services:	RAIE		ation: Non-res		RAIL	CATEGO	DRT OF SERVICE	RAIL	
	Pay cable	11.00/MO		otel, hotel	aomai	T+M				
	• Pay cable—add'l channel	11.00/MO		mmercial		T+M				
	Fire protection	N/A		y cable		N/C				
	•Burglar protection	N/A		y cable-add'l ch	annel	N/A				
	Installation: Residential	IV/A		e protection		N/A				
	First set	N/C		rglar protection		N/A				
	Additional set(s)			services:		IVA				
	Additional Set(S)	55.00		connect		N/C				
	• FM radio (if separate rate)		- 58			N/C				
	FM radio (if separate rate)	N/C	• Die			N/C				
	FM radio (if separate rate)Converter	N/C		sconnect		N/C				
		N/C	۰Ou			N/C N/C N/C				

counting Period:	2017/2			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	SJOBERGS CABLEVISION INC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations of's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. a case whether the station is a network wring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	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 sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the					
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KXJB	4	N	FARGO/VALLEY CITY, ND					
	КСРМ	5	I	GRAND FORKS, ND					
s as Necessary	WDAZ	8	Ν	DEVILS LAKE, ND					
	КТНІ	11	N	FARGO/GRAND FORKS, ND					
	KGFE	2	E	GRAND FORKS, ND					
	KNRR	10	I	PEMBINA, ND					
	CBWI	5	l	WINNIPEG, MANITOBA					

EGAL NAME OF								SYSTEM I
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
ecceivable if (1) on the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: St	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be recei t the Co sign of e he statio	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM.	t the system's h system's FM an his point, see p	eadend, and (2 tenna, during c age (v) of the g	2) it can certain st general i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
ignal, indicate t Column 4: G	this by placing ive the statior	g a check n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	e station is lice	nsed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·····		
						······		
						+		

Accounting Perio	od: 2017/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	SJOBERGS CABLEVI	SION INC						771
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	julations, or a	uthorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				ne general in			
Special	During the accounting per					notwork tolow	vision prog	ram
Statement and	о О		ui cable syster	in carry, on a substitute ba	sis, any nom		- · ·	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI			ata lina. I lan akkan inting		aaailala iftiba		- :-
	In General: List each subs clear. If you need more spa				s wherever p	ossible, il the	en meaning	y is
	· ·			vision program ("substitute	e program") t	hat, during th	ne account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, (ries like "mo	or authorizatio ovies" or "hask	ns. See page (v) of the ge rethall " List specific progra	neral instruct	tions for furth	ove Lucy"	tion. or
	"NBA Basketball: 76ers vs.			List specific progre			ove Lucy	
	1 0		,	er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by th	e ECC or	in
	the case of Mexican or Car						0001,	
	Column 5: Give the mor	nth and day		stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	r cable svete	m List the tir	mes accur	ately
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."	"D" : (()						
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976					-		
	S	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
							-	
						_	-	
							-	
							-	
						_		
						_	-	
							-	
							-	
							_	
						_		
							-	
						_		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
Hame	SJOBERGS CABLEVISION INC		771
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 transmi (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	7,838.38 ss receipts)
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 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 \$ 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 \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	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 informati		nts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 771
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. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	7 180
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Richard J Sjoberg Telephone 218	8-681-3044
Information	Address 315 Main Ave N (Number, street, rural route, apartment, or suite number) Thief River Fall, MN 56701 (City, town, state, zp)	
	Email rsjoberg@mncable.net Fax (optional) 218-681-6801	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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; o (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	tem as identified
	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	

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.

ounting Period: 2017/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
OBERGS CABLEVISION INC	77
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 leaded in the page 0.04.2 form	P Special Statement Concerning Gross Receipts Exclusior
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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 Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
x	
x	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td< td=""><td></td></td<>	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td< td=""><td></td></td<>	

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