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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	ems (Short Form) uctions are located of this workbook	01/16/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	/YY/(Period))	
	2017/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional	I - see instructions)	
Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	porate title
Owner	List any other name or names under which	n the owner conducts the business of t	he cable system.	
	If there were different owners during the a single statement of account and royalty fe		the last day of the accounting period should s ting period.	ubmit a
	Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	774
	LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
	SJOBERGS CABLEVISION INC. BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite nu			
	THIEF RIVER FALLS, MN 56 (City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line 2	ess or trade names used to ider 2, give the mailing address of th	ntify the business and operation of the e system, if different from the address	e system unless these s given in space B.
System	1			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(City town state zin code)			

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

Name	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 unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, rou list will serve as a form of system identification hereafter know s.
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
		OTATE
First	CITY OR TOWN ROSEAU	STATE MN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	
Name	SJOBERGS CABLEVIS							010	77
Е	SECONDARY TRANSMISSION In General: The information in s			-	-	n transmission (	onvice of		
-	system, that is, the retransmissi			-		•			
Secondary	about other services (including								
Transmission	last day of the accounting period							5	
Service: Sub-	Number of Subscribers: Bot	•							
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serv			• • •				charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block	• •		0		,			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			•		•			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	has rate categ	ories fo	or secondary tra	insmission	n service that are	different f	rom those	
	printed in block 1 (for example,					,			
	with the number of subscribers a sufficient.	and rates, in th	e right-	hand block. A t	wo- or thre	ee-word descript	ion of the s	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	LKS	INAIL	UA II		VICL	SUBSCRIBERS	10411
	Service to first set		967	64.92/MO	MOTEI	EXTRA SE	r	130	1.50/
	Service to additional set(s)	N/A	301	04.32/MC N/C				100	1.00/
	• FM radio (if separate rate)	N/A		140					
	Motel, hotel		2	64.92/MO					
	Commercial		<u>-</u> 3	64.92/MO					
	Converter	N/A	3	04.92/10					
	Residential	N/A							
	Non-residential	N/A							
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscril	ber) infe	ormation with re	espect to a	all your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is,								
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		uouun.	y billed. If dify it				logram baolo,	
ransmissions:	Block 1: Give the standard ra		the cab	le system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a				ished. List	t these other ser	vices in the	e form of a	
	brief (two- or three-word) descri	ption and inclue	de the r	rate for each.			1		
		BLO	CK 1			_		BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	44.00/010		ation: Non-res	sidential				
	Pay cable	11.00/MO		otel, hotel		T+M			
	Pay cable—add'l channel	N/A		mmercial		T+M			
	<ul> <li>Fire protection</li> </ul>	N/A		y cable		N/C			
	•	N/A		y cable-add'l ch	nannel	N/C			
	•Burglar protection	IVA				N/C			
	•Burglar protection Installation: Residential			e protection					
	•Burglar protection Installation: Residential • First set	N/C	• Bu	rglar protection		N/C			
	•Burglar protection Installation: Residential • First set • Additional set(s)	N/C	• Bu Other	rglar protection services:					
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	N/C 35.00	• Bu Other • Re	rglar protection services: connect		N/C			
	•Burglar protection Installation: Residential • First set • Additional set(s)	N/C	• Bu Other • Re	rglar protection services:					
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	N/C 35.00	• Bu Other • Re • Dis	rglar protection services: connect		N/C			

counting Period: 2	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	SJOBERGS CABLEV	ISION INC.		774
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC rule. • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on f <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>excep</i> 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 c iles, regulations, or authorizations: e in space G—but do list it in space I (t 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-the	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepe 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
	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	<b>I</b>	GRAND FORKS, ND
ws as Necessary	CBWT	6	<u> </u>	WINNIPEG, MANITOBA
	WDAZ	8	<b>I</b>	DEVILS LAKE/GRAND FORKS, ND
	KAWE	9	Е	BEMIDJI, MN
	KVLY	11	Ν	FARGO/GRAND FORKS, ND
	KNRR	17	l	PEMBINA, ND
	СКҮ	7	Ι	WINNIPEG, MANITOBA
	KGFE	2	Е	GRAND FORKS, ND

EGAL NAME OI								SYSTEM I 7
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei t the Co sign of e he static ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem 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. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0				5,0		
							·	
							·	
							·	
							·	

Accounting Peric	od: 2017/2						FOR	VI SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	SJOBERGS CABLEVI	SION INC	•					774
					-			
	SUBSTITUTE CARRIAG		-		-			
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ine general in			
Special	During the accounting per				isis any noni	network tele	vision prog	ram
Statement and	broadcast by a distant sta			in ourry, on a substitute be	iolo, any nom		v	
Program Log	-						YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must comple	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if th	eir meaning	g is
	· ·			vision program ("substitute	e program") t	hat during t	he account	tina
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for furt	her informa	ition.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I I	_ove Lucy"	or
			dcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th			ne FCC or,	in
	the case of Mexican or Car	hadian stati	ons, if any, the	e community with which the stem carried the substitute	e station is id	entified).	with the r	nonth
	first. Example: for May 7 gi		when your sy		e program. O		, with the f	nontin
	. , , ,		e substitute pr	ogram was carried by you	r cable syste	m. List the t	imes accur	ately
	to the nearest five minutes	Example:	a program car	ried by a system from 6:07	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	n was substituted for prog	ramming that	t vour eveter	m was roau	ired
	to delete under FCC rules							
	was substituted for program							
	effect on October 19, 1976							
						N SUBSTI		
	s	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						-	_	
								"
						-		
						-	_	
								"
						-	_	
							<b></b>	
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Accounting Period:	2017/2		FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
Manie	SJOBERGS CABLEVISION INC.			774
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary transm to compute this a	ission service amount, see \$ 36	
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 the • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	han \$527,600 on.	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but n		-	
	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 (bu	t less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	366,486.30		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1\$	102,686.30		
	4. Multiply line 3 by .01	\$	1,026.86	
	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		\$	2,345.86
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	2,345.86	
	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		\$	2,365.86
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form f	-		ghts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: CABLEVISION INC.	SYSTEM ID# 774
M Channels	<ol> <li>to its subscribe</li> <li>Enter the to system carrie</li> <li>Enter the to on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	9 170
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t 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	
O Certification	I, the undersig     (Ow     (Age     i     X     (Off     i     I have examin     are true, compl	IN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as i in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		Enter an electronic signature on the line above to certify this statement. Enter 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: 2017/2		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		
OBERGS CABLEVISION INC.		77
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLU The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of t lowing sentence: "In determining the total number of subscribers and the gross amounts paid service of providing secondary transmissions of primary broadcast transmitt scribers and amounts collected from subscribers receiving secondary transm	the Copyright Act by adding the fol- to the cable system for the basic ters, the system shall not include sub-	P Special Statement Concerning Gross Receipts Exclusior
For more information on when to exclude these amounts, see the note on page (vii located in the paper SA1-2 form.	i) of the general instructions	
During the accounting period, did the cable system exclude any amounts of gross r made by satellite carriers to satellite dish owners?	receipts for secondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below.	\$	_
Name Mailing Address Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result	It of a late payment or underpayment	
	it of a fato paymont of anaoipaymont.	
For an explanation of interest assessment, see page (viii) of the general instruction		Q
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	ns located in the paper SA1-2 form.	Q Interest Assessmen
	ns located in the paper SA1-2 form.	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	ns located in the paper SA1-2 form.	Q Interest Assessmen
	x	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	ns located in the paper SA1-2 form.	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form.            x            x	Q Interest Assessmen
Line 1       Enter the amount of late payment or underpayment	x days	Q Interest Assessmen
Line 1       Enter the amount of late payment or underpayment	Ins located in the paper SA1-2 form.        x         x        a         x        a         x        a         x        a         x        a         x        a         x        a         x        a         x        a         x        a         x        a         x        a	Q Interest Assessmen
Line 1       Enter the amount of late payment or underpayment	Ins located in the paper SA1-2 form.        x         x        a         x        a         x        a         x        a         x        a         x        a         x        a         x        a         x        a         x        a         x        a         x        a	Q Interest Assessmen
Line 1       Enter the amount of late payment or underpayment	x located in the paper SA1-2 form. x	Q Interest Assessmen
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	x	Q Interest Assessmen
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	Ins located in the paper SA1-2 form.	Q Interest Assessmer
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	Ins located in the paper SA1-2 form.	Q Interest Assessmer
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<ul> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	Ins located in the paper SA1-2 form.	Q Interest Assessmen
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	Ins located in the paper SA1-2 form.	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Ins located in the paper SA1-2 form.	Q Interest Assessmen
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	Ins located in the paper SA1-2 form.	Q Interest Assessmer

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