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				
08/22/2013	\$ 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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
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.						
	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					
		ELGAL NAME OF OWNER/MAILING ADDITESS OF GABLE STOTEM					
		MONTANA SKY WEST, LLC.					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		1286 BURNS WAY					
		(Number, street, rural route, apartment, or suite number)					
		KALISPELL, MT 59901 (City, town, state, zip)					
	INICTE						
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:					
		LIBBY, MT					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	1286 BURNS WAY (Number, street, rural route, apartment, or suite number)					
		KALISPELL, MT 59901					
	1	(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.

• · · · · · · · · · · · · · · · · · · ·	2040/4	
Accounting Period:	2018/1	FORM SA1 2E DAGE 1h
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name	MONTANA SKY WEST, LLC.	14946
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 ho	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	LIBBY	MT
Community		
Add Rows as Necessary		
		044444444444444444444444444444444444444
		011111111111111111111111111111111111111
		000000000000000000000000000000000000000

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

MONTANA SKY WEST, LLC.

#SYSTEM ID 14946

# 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:					
<ul> <li>Service to first set</li> </ul>	612	34.95			
Service to additional set(s)					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					• · · · · · · · · · · · · · · · · · · ·

# F

#### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:	34.95	Installation: Non-residential			
• Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	39.99	Burglar protection			
Additional set(s)	19.99	Other services:			
• FM radio (if separate rate)		Reconnect	29.99		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14946

#### MONTANA SKY WEST, LLC.

G

#### Primary Transmitters: Television

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
KREM	2	N	SPOKANE, WA
CBUT	3	l	VANCOUVER, BC, CANADA
KXLY	4	N	SPOKANE, WA
KHQ	6	N	SPOKANE, WA
KSPS	7	E	SPOKANE, WA
KAYU	8	l	VANCOUVER, BC, CANADA
KCFW	9	N	KALISPELL, MT
KPAX	14	N	MISSOULA, MT
KUFM	17	E	MISSOULA, MT

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### MONTANA SKY WEST, LLC.

14946

#### 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
	<b></b>						
	ļ						
		1					
	ļ						
	<b> </b>						
	l				l		l

Associating Dovin	.d. 2010/1						FOR	M CA4 OF DACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	MONTANA SKY WEST							14946
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting per broadcast by a distant stat  Note: If your answer is "Not log in block 2.  2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car	E: SPECIA  ify every no. ccounting p  ning that mu  T CONCEF  riod, did you  tion?  ", leave the  E PROGRA  titute progra ace, please of every no distant star egulations, or ries like "mo  Bulls."  m was broa sign of the adcast statin adian statin	eriod, under sp st be included  RNING SUBS  ur cable system  e rest of this pa  AMS  am on a separadd additiona connetwork tele tion and that y or authorizatio ovies" or "bask  dcast live, ente station broadd on's location ( ons, if any, the	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE of carry, on a substitute base age blank. If your answer is a rate line. Use abbreviations I rows to the tables. Vision program ("substitute our cable system substitute program of the community to which the	a distant sta CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po e program") the d for the proper all instruct am titles, for each	ulations, on structions in the structions for full example, "	r authorization the paper S levision prog YES blete the prog their meaning the account g of another rther informa I Love Lucy"	tem carried on a ns. For a further A1-2 form.  ram  x NO gram  g is ting station tion. or
	first. 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 lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ve "5/7." es when the Example: er "R" if the and regulati	e substitute pr a program car listed prograr ions in effect d	ogram was carried by your ried by a system from 6:01 m was substituted for prog during the accounting perion ras permitted to delete und	r cable system :15 p.m. to 6 ramming that d; enter the l er FCC rules	m. List the i:28:30 p.n i your syste etter "P" if	e times accur n. should be em was <i>requ</i> the listed pr lations in	ately
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
				1				T

Accounting Period:	2018/1		FORM SA	1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MONTANA SKY WEST, LLC.		S	STEM ID# 14946			
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transmi compute this a	ssion service amount, see	1,489.30 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 \$263,800  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  ee page (vi) of the general instructions located in the paper SA1-2 form for more information.						
	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 this six-mon accounting period is \$52.00						
	Line 1. Royalty fee for accounting period		\$	52.00			
	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		\$	52.00			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo			02:00			
	Base amount under statutory formula	263,800.00	•				
	2. Enter amount of gross receipts from space K						
	3. Subtract line 2 from line 1						
	4. Enter the amount of gross receipts from space K						
	6. Subtract line 5 from line 4						
	7. Multiply line 6 by .005 (enter figure here)	•		0.00			
	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 I	ess 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						
	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 LE AND TOTAL REWITTANGE DUE						
Filing Fee and Total Remittance	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 payal See page i of the general instructions in the paper SA1-2 form for	-		its!			

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF MONTANA SKY WEST,				SYSTEM ID# 14946
M Channels	_		els on which the cable system on the cable system of activated channels during the cable system.	carried television broadcast stations ng the accounting period.	
	Enter the total number of system carried television		ble		9
	Enter the total number of on which the cable system and nonbroadcast service.	m carried television broad	ast stations		196
N Individual to Be Contacted	INDIVIDUAL TO BE CON- we can contact about this s		ORMATION IS NEEDED (Iden	tify an individual to whom	
for Further Information	Name Ryan I	Bowman		Telephone 406-	752-4335
	Address 1286 E	Burns Way street, rural route, apartment, o	uite number)		
	Kalisp (City, town	<b>eII, MT 59901</b> n, state, zip)			
	Email	rbowman@montana	y.net	Fax (optional)	
0	CERTIFICATION (This state	ement of account must be	ertified and signed in accordan	ce with Copyright Office regulations)	
Certification	• I, the undersigned, hereby	certify that (Check one, b	only one, of the boxes.)		
	(Owner other tha	an corporation or partne	hip) I am the owner of the cable	system as identified in line 1 of space B; or	
			partnership) I am the duly auth not a corporation or partnership	orized agent of the owner of the cable system or	n as identified
	X (Officer or parti in line 1 of sp		oration) or a partner (if a partner	rship) of the legal entity identified as owner of	the cable system
		rect to the best of my know	declare under penalty of law tha dge, information, and belief, and	t all statements of fact contained herein I are made in good faith.	
			/s/ Ryan Bowman		
			n electronic signature on the line ignature using an "/s/ signature" (		
		Typed or printed nan	Ryan Bowman		
		Title: CE	ition held in corporation or partnership	)	
		Date:		8/22/2018	

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unting Period: 2018/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
NTANA SKY WEST, LLC.	14946
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$  Name Mailing Address  Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	

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