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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	V THIS STATEMENT. (V)		

A	ACCO	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	
		20182 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	7039
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM	
		United Telephone Mutual Aid Corp	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 729	
		(Number, street, rural route, apartment, or suite number) Langdon, ND 58249	
		(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 unl is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		United Communications IPTV	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	PO Box 729 (Number, street, rural route, apartment, or suite number)	
		Langdon, ND 58249 (City, town, state, zip code)	
	I	Le weer constraints	

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

Na	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	United Telephone Mutual Aid Corp	370
	Instructions: List each separate community served by the cable system. A "commur	
<b>D</b>	"a separate and distinct community or municipal entity (including unincorporated or	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l	
		ist will serve as a form of system identification herearter kin
	as the "first community." Please use it as the first community on all future filings.	
Alca	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Munich	ND
Community	Calio	ND
	Milton	ND
d Rows as Necessary	Langdon	ND
a Rows as necessary	Osnabrock	ND
	Rock Lake	ND
	Egeland	ND
	Calvin	ND
	Wales	ND
	St John	ND
	Souris	ND
	Bottineau	ND
	Rolette	ND
	Rolla	ND
	Alsen	ND
	Sarles	ND
	Walhalla	ND
	Willow City	ND
	Bisbee	ND
	Kramer	ND
	Dunseith	ND
	Belcourt	ND

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name								515	3703
	United Telephone Mutua	ai Alu Corp							
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc				,		•		
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. <b>Note</b> categories, that person or entity								
	subscriber who pays extra for ca					0,	•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	different fro	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	and rates, in the	right-han	d block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF		DATE	0.17			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		3.203	19.95	Expand	hod		2,843	74.9
	Service to additional set(s)		5,203	19.95	слран	JEU		2,043	74.3
	• FM radio (if separate rate)								
	Motel, hotel		400	50.00	Evene			۶۹	
	Commercial		129	50.00	Expand	lea		52	90.0
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATE	s				
-	In General: Space F calls for rat					ll your cable syst	tem's servio	ces that were	
F	not covered in space E, that is, t								
Comisso	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually bi	lieu. Il ally la		arged on a varia	able per-pro	gram basis,	
ransmissions:	Block 1: Give the standard rat		ne cable s	ystem for ea	ach of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which as				ished. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip			for each.					
	CATEGORY OF SERVICE	BLOC RATE				RATE		BLOCK 2	
	Continuing Services:	1		RY OF SER		RAIL	CATEGO	DRY OF SERVICE	RATE
	Pay cable		• Motel		haentiai				
	• Pay cable—add'l channel		• Comr						
	Fire protection		• Pay c						
	•				aanal				
	•Burglar protection		•	able-add'l cl	annen				
	Installation: Residential		•	rotection					
				ar protection	I				
	First set								
	Additional set(s)		Other se						
	<ul><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		• Reco	nnect					
	Additional set(s)		• Recol • Disco	nnect nnect					
	<ul><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		• Recor • Disco • Outle	nnect					

unting Period: 2	2018/1			FORM SA1-2E. PAGE
Name				SYSTEM ID
		•		3703
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: <b>Substitute Basis Stations</b> 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 informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	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-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat 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 instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station	ime basis under ims [sections tions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			E	
	KGFE KXJB	2	N	Grand Forks, ND
••	WDAZ	4	N N	Fargo, ND Grand Forks ND
ws as Necessary	WDAZ	6	I	Grand Forks, ND Fargo, ND
	KNRR	12	I I	Pembina, ND
	KMOT	12	N	Minot, ND
	KXMC	13	N	Minot, ND Minot, ND
	KXND	24	N	Minot, ND Minot, ND
	KVLY	11	N	
	KRDK	4	N	Fargo, ND
				Fargo, ND
	KNDB	26	N .	Minot, ND
	KXMY	14	<b>I</b>	Minot, ND
		+		

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM I
United Telep	hone Mutu	al Aid	Corp					3703
	every radio s	station ca	arried on a separate and discronnerally receivable by your cab					Н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be receint the Co sign of e the 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. nal was electronically process	t the system's he system's FM ante his point, see pa	adend, and (2 nna, during co ge (v) of the g	2) it can ertain st eneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing	g a checl n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	sed by the FC			
		0/5			A.A. 514	0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	United Telephone Mut	ual Aid Co	orp					37039
	SUBSTITUTE CARRIAGI	: SPECIA			G			
I	In General: In space I, identi substitute basis during the a	fy every nor	nnetwork televis	sion program, broadcast by	a distant stati			
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	ion program	1
Program Log	broadcast by a distant star	tion?					YES	× NO
i rogram zog	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is '	Yes " vou mu	ist complete	-	
	-	, leave the	rest of this pag		res, you me		the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is	
	clear. If you need more spa					,	5	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							1.
	"NBA Basketball: 76ers vs.			p p3				
				"Yes." Otherwise enter "N				
				sting the substitute progra to community to which the		neod by tho	ECC or in	
	the case of Mexican or Can							
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				ly
	stated as "6:00–6:30 p.m."	Example. a	i program came		15 p.m. to 0.2	0.50 p.m. si		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
	S	UBSTITUT	E PROGRAM	I		N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No		4. STATION'S LOCATION	5. MONTH AND DAY	6. T	IMES — TO	DELETION
		163 01 110	CALL SIGN				_ 10	
					•		<u> </u>	
					•			
					·		_	
						-		
						-	_	
						-	_	
						-	_	
							_	
						-	_	

Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: United Telephone Mutual Aid Corp			ę	37039 SYSTEM
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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	system's s ion of how	secondary trans to compute this	mission servi s amount, see \$ 41	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	) but less tl	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00				1
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2	2	· · <u>· · · · · · · · · · · · · · · · · </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8	· · · · · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	414,504.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	150,704.00		
	4. Multiply line 3 by .01		\$	1,507.04	
	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 .		\$	2,826.04
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,826.04	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,846.04
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2018/1							FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: one Mutual Aid Corp						SYSTEM ID 37039
M Channels	<ul><li>to its subscriber</li><li>1. Enter the tota system carried</li><li>2. Enter the tota on which the c</li></ul>	ou must give (1) the number of s, and (2) the cable system's t il number of channels on which t television broadcast stations il number of activated channel cable system carried television cast services	total numb ch the cable 3 els n broadcast	ber of activated defined and the stations	channels during the	e accounting period.	ast stations	12 255
<b>N</b> Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of account		PRMATION IS N	EEDED (Identify an	individual to whom		
for Further Information	Name	Tara Mikkelsen					Telephone	(701)256-5156
	Address	411 7th Ave, PO Box (Number, street, rural route, apart Langdon, ND 58249 (City, town, state, zip)	rtment, or suit	ite number)				
	Email	taram@corp.ut	tma.com			Fax (optional)		
O Certification	I, the undersigned     (Owned)     (Agen     in     X     (Offic     in     I have examined)		one, but only partnership ation or pa owner is noi (if a corpora hereby dec y knowledge Knowledge	ly one, of the box p) I am the owner artnership) I am ot a corporation of ation) or a partner clare under pena le, information, an /s/Perry Os electronic signat inature using an "	xes.) It of the cable system the duly authorized a or partnership; or er (if a partnership) of hity of law that all stat nd belief, and are ma ster ure on the line above /s/ signature" (e.g., /	n as identified in line agent of the owner of f the legal entity ident tements of fact conta ade in good faith.	1 of space B; f the cable sy tified as owne	stem as identified
		Typed or printed		Perry Oste				
		(Title of o Date:		ion held in corporat		08/24/2018	8	

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unting Period: 2018/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ted Telephone Mutual Aid Corp	370
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: <ul> <li>"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</li></ul>	Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment	<sup>t.</sup> Q
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
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
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