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
07/26/2018	\$ 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

Α	ACC	OUNTING 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)								
Accounting Period										
В		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 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									
		Midcontinent Communications								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		PO Box 5040								
		(Number, street, rural route, apartment, or suite number)								
		Sioux Falls, SD 57117-5040 (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: Ely, MN								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)								
		Sioux Falls, SD 57117-5040 (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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM							
Name									
	Midcontinent Communications	39							
	Instructions: List each separate community served by the cable system. A "commu								
D	"a separate and distinct community or municipal entity (including unincorporated of	communities within unincorporated areas and including single							
D	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.								
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the							
Area Served	identified city.								
Served									
	CITY OF TOWN	CTATE							
	CITY OR TOWN	STATE							
First	Ely	MN							
Community	Ely-Outs	MN							
	Babbitt	MN							
d Rows as Necessary	Babbitt-outs	MN							
	Breitung Township	MN							
	Tower	MN							
	Winton	MN							
	WIIILOII	IVIN							

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3998

Midcontinent Communications

E

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								
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE						
Residential:											
 Service to first set 	1,087	19.95	Business Accounts	30	19.95						
 Service to additional set(s) 			High Def Converter	257	8.00						
 FM radio (if separate rate) 			Nursing Homes	92	8.00						
Motel, hotel	154	5.00	Hospitals	36	5.67						
Commercial	253	23.00									
Converter	1,152	4.00									
 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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
 Pay cable 	16.00	Motel, hotel	50.00	Cinemax	16.00
 Pay cable—add'l channel 		Commercial	50.00	Digital 1	12.00
 Fire protection 		Pay cable		Showtime	16.00
Burglar protection		 Pay cable-add'l channel 		Starz!&Encore	16.00
Installation: Residential		Fire protection		TMC	16.00
 First set 	35.00	Burglar protection		Dig Sports & Variety	9.00
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	100.00		
Converter		Disconnect	-		
		 Outlet relocation 	25.00		
		Move to new address	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications

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
KBJR-DT	19	N	SUPERIOR, WI (NBC)
KBJR-DT2	19.2	N-M	SUPERIOR, WI (CBS)
KBJR-DT3	19.3	I-M	SUPERIOR, WI (MNT/HEROES)
KDLH-DT	33		DULUTH, MN (CW)
KQDS-DT	17	<u> </u>	DULUTH, MN (FOX)
KQDS-DT2	17.2	I-M	DULUTH, MN (ANTENNA)
WDIO-DT	10	N	DULUTH, MN (ABC)
WDIO-DT2	10.2	I-M	DULUTH, MN (ME TV)
WDSE-DT	8	E	DULUTH, MN (PBS)
WDSE-DT3	8.3	E-M	DULUTH, MN (PBS CREATE)
WDSE-DT2	8.2	E-M	DULUTH, MN (PBS EXPLORE)
WDSE-DT5	8.5	E-M	DULUTH, MN (PBS MN CHL)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications

3998

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.						
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#						
Name	Midcontinent Commun	ications						3998						
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every nor ecounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	oy a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further						
Carriage:	1. SPECIAL STATEMENT													
Special	During the accounting period				eie any nonna	atwork tolov	ision program	n						
Statement and		-	cable system	carry, or a substitute be	isis, arry rioring	Stwork telev								
Program Log	broadcast by a distant stat	1011?					YES	X NO						
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complet	te the progra	m						
	log in block 2.													
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in													
					II wh	EN SUBST	TITUTE							
	SI	JBSTITUT	E PROGRAM	1		RIAGE OCC		7. REASON FOR						
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES — TO	DELETION						
							_							
								"						
							_							
						-								
						-		"						
						-								
							_							
							_							
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ccounting Period:	-	ADI E OVOTELI						A1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF C							SYSTEM ID				
K Gross Receipts	·	ts) paid to your cable s during the accounting nstructions located in the subscribers for second g period	system by subscriber period. For a further he paper SA1-2 form ary transmission ser	rs for the sexplanation. vice(s)	system's son of how	secondary tran to compute th	smission servi is amount, see \$ 15	ce				
		<u> </u>		.9 9.000 .0			(variount or g	ross receipts)				
L Copyright Royalty Fee	COPYRIGHT ROYALTY Instructions: To compute to Complete block 1, block 2. Use block 1 if the amoun to Use block 2 if the amoun to Use block 3 if the amoun See page (vi) of the general in the second to the second to comp	the royalty fee you owe 2, or block 3. t of gross receipts in sp t of gross receipts in sp t of gross receipts in sp	pace K is \$137,100 o pace K is more than s pace K is more than s	\$137,100 \$263,800	but less t	han \$527,600	\$263,800					
		BLOCK 1: G	ROSS RECEIPTS	OF \$137,	100 OR	LESS						
	Instructions: As a cable sy accounting period is \$52.0		of \$137,100 or less,	the royalty	fee that y	ou must pay fo	r this six-month					
	Line 1. Royalty fee for acc	ounting period										
	Line 2. Interest charge. Er	•						0.00				
	Line 2. Interest charge. Er	iter the amount nom line	e 4, space Q, page o .					0.00				
	Line 3. TOTAL ROYALTY	FEE PAYABLE FOR A	CCOUNTING PERIO	D Add line	es 1 and 2	2						
	BLC	OCK 2: GROSS RECE	EIPTS OF \$263,800	OR LES	S (but m	ore than \$137	,100)					
	Base amount under stat	utory formula		<u>.</u>	\$	263,800.00	_					
	2. Enter amount of gross re	eceipts from space K		<u>.</u>	\$	157,885.28	=					
	3. Subtract line 2 from line	1		<u>:</u>	\$	105,914.72	_					
	4. Enter the amount of gro						157,885.28					
	5. Enter the amount from li					-	105,914.72					
	6. Subtract line 5 from line						51,970.56					
	7. Multiply line 6 by .005 (6							259.85				
	8. Interest charge. Enter the	he amount from line 4, s	pace Q, page 8					0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8											
	BLO	CK 3: GROSS RECEI	PTS OF MORE TH	AN \$263,	800 (but	less than \$52	7,600)					
	1. Enter the amount of gro	ss receipts from space k	(<u> </u>			_					
	2. Base amount under stat	utory formula		<u> </u>	\$	263,800.00	<u>-</u>					
	3. Subtract line 2 from line	1		<u> </u>			<u>-</u>					
	4. Multiply line 3 by .01					·						
	5. Royalty due on the first	\$263,800 of gross receip	ots (under statutory fo	ormula)		\$	1,319.00					
	6. Interest charge. Enter t	ne amount from line 4, s	pace Q, page 8				0.00					
	7. TOTAL ROYALTY FEE	PAYABLE FOR ACCO	OUNTING PERIOD. A	dd lines 4,	5, and 6 .		·					
		FILING FEE AND	TOTAL REMITTA	NCE DUE	<u> </u>							
Filing Fee and otal Remittance	1. Royalty Fee Payable for	Accounting Period (from	n Block 1, 2, or 3, abo	ove)		\$	259.85					
Due	2. Filing Fee (See the instr	uctions for more informa	ation on filing fee calc	ulations) .		\$	20.00					
	3. TOTAL AMOUNT DUE	FOR ACCOUNTING PE	ERIOD. Add lines 2 a	and 3			\$	279.85				
	-	emittance must be in t				_		ghts!				
	See	page i of the general is	nstructions in the pa	aper SA1-2	2 form fo	r more informa	ition.					

Accounting Period:	2018/1																											FOF	RM SA	1-2E	E. PA	GE 7
Name	LEGAL NAME OF OWNER OF Midcontinent Communic																												;	SYS		M ID#
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the subscribers of the s	channels on which proadcast stations. activated channels on carried television by	the cable	nber ble	er o	er of	of ac	etiva	ted	cha	inne	s du	ring	the a		oun	ntin	g p	erio	d.		ons					32					
N Individual to	INDIVIDUAL TO BE CONT we can contact about this s			ORN	RM#	RMA	ATIC	ON I	IS N	NEE	DEC	(Ide	entify	/ an i	ndiv	/idu	ual	to v	vho	m												
for Further Information	Name Wynne	Haakenstad																		т.	eleph	one	952	2-84	14-2	262	2					
	(Number, s	linnesota Drive treet, rural route, apartm MN 55435 state, zip)						er)																								
	Email	wynne.haakensta	ad@mid	nidec	dco.	0.00	.com	n								Fa	ax (opti	ona	l)												
O Certification	(Agent of owner in line 1 of spi	certify that (Check one on corporation or particle B and that the owner) I am an officer (if ace B. ent of account and he cot to the best of my k (36)]	e, but only rtnership ion or pa vner is no a corpora ereby dec knowledge X Enter an e Enter sign	nly on nip) I partin not a pratio ratio	y one y one irtne t a c t a c t ac t ac electer w Or c	one I a I a I a I a I a I a I a I a I a I a	one, of the same o	he of the object	e bo	er of the or p er (i alty and ture "/s/	on tissigna	cable authriship artne with the thick of	e ab	ed age ed	as id	den of ega	of f	ed in e owentity	n line rner y ide con h.	of the	f spa e cab ed as	ce B; ble sy owne	sten									
		Date:															(07/2	26/1	8												

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ounting Period: 2018/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communications	3998
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 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. 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 www.copyright.gov/licensing/interest-rate.pdf. 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	
ID number	
First community served	
Accounting period	

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