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 COPYRIG	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	08/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20181 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.	6098
	-	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CABLE & CELLULAR COMMUNICATIONS, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 280 (Number, street, rural route, apartment, or suite number)	
		CIRCLE, MT 59215 (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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE & CELLULAR COMMUNICATIONS, LLC	6098
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 he identified city.	y" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
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	CITY OR TOWN	STATE
First	GLENDIVE	MT
Community		
Add Rows as Necessary		
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s fi w s	subscriber who pays extra for cal first set" and would be counted of Block 2: If your cable system h printed in block 1 (for example, the with the number of subscribers an sufficient. BLC CATEGORY OF SERVICE Residential:	ble service to a nce again und has rate catego ers of services nd rates, in the OCK 1 NO. OF SUBSCRIB	addition er "Serv pries for a that ind e right-h ERS	al sets would buice to additional secondary translude one or mo and block. A two RATE	e included al set(s)." Ismission sore second ro- or three	in the count un service that are lary transmissic e-word descripti	der "Service different fro ons), list the ion of the se BLOCK	e to the om those m, together ervice is	RATE
p w s	Block 2: If your cable system h printed in block 1 (for example, tid with the number of subscribers an sufficient. BLC CATEGORY OF SERVICE Residential:	nas rate catego ers of services nd rates, in the OCK 1 NO. OF SUBSCRIB	e that inderight that inderight that inderight that inderight the right the	secondary tran clude one or mo and block. A tw RATE	ore second ore second o- or three	lary transmissic e-word descripti	ons), list the ion of the se BLOCK	m, together ervice is 2 NO. OF	RATI
s	orinted in block 1 (for example, ti with the number of subscribers a sufficient. BLC CATEGORY OF SERVICE Residential:	ers of services nd rates, in the OCK 1 NO. OF SUBSCRIB	e that ind e right-h ERS	clude one or mo and block. A tw RATE	ore second o- or three	lary transmissic e-word descripti	ons), list the ion of the se BLOCK	m, together ervice is 2 NO. OF	RATI
s	with the number of subscribers at sufficient. BLC CATEGORY OF SERVICE Residential:	nd rates, in the DCK 1 NO. OF SUBSCRIB	e right-h ERS	and block. A tw	o- or three	e-word descripti	BLOCK	ervice is	RATI
<u>s</u>	SUFFICIENT. BLC CATEGORY OF SERVICE Residential:	DCK 1 NO. OF SUBSCRIB	ERS	RATE			BLOCK	2 NO. OF	RATI
R	CATEGORY OF SERVICE Residential:	NO. OF SUBSCRIB	ERS		CATE	EGORY OF SE		NO. OF	RAT
R	Residential:	SUBSCRIB	ERS		CATE	EGORY OF SE	RVICE		RAT
R	Residential:		-		0/11			GODOCINIDEIKO	
			1 602	32.45					
			1.095						1
	 Service to additional set(s) 		.,						
	• FM radio (if separate rate)								
N	Motel, hotel		63	12.00					
	Commercial								
-	Converter								
	Residential								
	Non-residential								
s	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
	n General: Space F calls for rate								
	not covered in space E, that is, the					,	,		
	service for a single fee. There are furnished at cost or (2) services of								
	amount of the charge and the uni								
Secondary e	enter only the letters "PP" in the r	rate column.	-	-		-			
Fransmissions:	Block 1: Give the standard rate							vara nat	
Rates	Block 2: List any services that isted in block 1 and for which a s								
	prief (two- or three-word) descrip								
	· · ·	BLO	~K 1					BLOCK 2	
C	ATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable		• Mo	tel, hotel			CHOICE		74.8
	• Pay cable—add'l channel		• Co	mmercial			ULTIMA	TE	89.9
	Fire protection		• Pa	/ cable			STARZ/	'ENCORE	13.9
	•Burglar protection		• Pay	/ cable-add'l ch	annel		SHOWT	IME/TMC	13.9
Ir	nstallation: Residential		• Fire	e protection			HBO		17.9
	First set	25.00		glar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)		• Re	connect		25.00			
	• Converter			connect					
				tlet relocation					
				ve to new addre	ess	25.00			

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I
Name	CABLE & CELLULAR	COMMUNICATIONS, LLC		60
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC m • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-the carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a for network multicast), "1" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a 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
	KXGN	5.1	N	Glendive, MT
	KUSM	16	E	Bozeman, MT
vs as Necessary	KXGN-DT2	5.2	Ν	Glendive, MT
	κυΜν	8	N	Williston, ND
	KSVI	18	N	Billings, MT
	КНМТ	22	N	Billings, MT
	KTVQ-CW	10	N-M	Billings, MT
	KUMV-Me.TV	8	N-M	
			1 4 171	Billings, MT
	KXGN-DT1-HD	5.1	N	Billings, MT Glendive, MT
	KXGN-DT1-HD KXGN-DT2-HD	5.1 5.2		
			N	Glendive, MT
	KXGN-DT2-HD	5.2	N N	Glendive, MT Glendive, MT
	KXGN-DT2-HD KHMT-HD	5.2 2.2	N N N	Glendive, MT Glendive, MT Billings, MT
	KXGN-DT2-HD KHMT-HD KSVI-HD	5.2 2.2 18	N N N N	Glendive, MT Glendive, MT Billings, MT Billings, MT
	KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD	5.2 2.2 18 10	N N N N N-M	Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT
	KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 2.2 18 10 16	N N N N N-M E	Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT Bozeman, MT
	KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 2.2 18 10 16	N N N N N-M E	Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT Bozeman, MT
	KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 2.2 18 10 16	N N N N N-M E	Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT Bozeman, MT
	KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 2.2 18 10 16	N N N N N-M E	Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT Bozeman, MT
	KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 2.2 18 10 16	N N N N N-M E	Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT Bozeman, MT
	KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 2.2 18 10 16	N N N N N-M E	Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT Bozeman, MT

Accounting P	Period: 2018	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
CABLE & CE	ELLULAR	COMMU	JNICATIONS, LLC					609
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether the radio stat this by placing	y the sys be recein to the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under (stem whenever it is received a wed at the headend, with the pyright 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 th	t the system's he system's FM ante this point, see pa ed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the			.С 0Г, III		
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						FORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	FEM:				SYSTEM ID#
Name	CABLE & CELLULAR	COMMUN	ICATIONS, I	LLC			6098
					_		
	SUBSTITUTE CARRIAGE						
I	In General: In space I, identi						
	substitute basis during the ac explanation of the programm						
Substitute Carriage:					e general instit		SAT-2 101111.
Special	1. SPECIAL STATEMENT						
Statement and	During the accounting period	-	r cable system	carry, on a substitute basi	s, any nonnet		
Program Log	broadcast by a distant stat	lion?				YE	s × NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	st complete the pr	ogram
	log in block 2.						
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their mean	ing is
	clear. If you need more spa				are grow") the	t during the energy	unting
	period, was broadcast by a			ision program ("substitute ur cable system substitute			
	under certain FCC rules, re						
	Do not use general categori						
	"NBA Basketball: 76ers vs.						
				r "Yes." Otherwise enter "N			
				sting the substitute progra the community to which the		used by the ECC o	nr in
	the case of Mexican or Can						<i>,</i> , , , , , , , , , , , , , , , , , ,
				tem carried the substitute			e month
	first. Example: for May 7 giv				-		
				gram was carried by your			
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:28	8:30 p.m. should b	e
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system was <i>r</i> e	auired
	to delete under FCC rules a						
	was substituted for program						
	effect on October 19, 1976.						
	0	претіті іт				N SUBSTITUTE	D 7. REASON FOR
	3		E PROGRAM			AGE OCCURREI 6. TIMES	D 7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		то
		100 01 110	0.122 0.011				
						_	
						·	
						_	
						_	
						_	
						—	
						_	
						—	

Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE & CELLULAR COMMUNICATIONS, LLC			S	6098 6098
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy: (as identified in space E) during the accounting period. For a further explanation 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 receipting the accounting period.	vstem's se n of how t	econdary trans to compute this	mission servi s amount, see \$ 31	of
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 bi • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bi See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less the	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00	,			
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	s 1 and 2		. <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	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				
	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				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and	nd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but le	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K		312,556.75		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		48,756.75		
	4. Multiply line 3 by .01	· · · · · · · · - <u>-</u>	\$	487.57	
	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,	5, and 6	· · · · · · · · · · · · · · · ·	\$	1,806.57
	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)	·····	\$	1,806.57	
240	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			\$	1,826.57
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: ELLULAR COMMUNICATIONS, LLC	SYSTEM ID# 6098
M Channels	to its subscrib	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.	-
	system carrie 2. Enter the to	ed television broadcast stations	15
	and nonbroa	adcast services	10
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom of about this statement of account.)	
for Further Information	Name	Annie Edwards Telephone 406-44	85-3301
	Address	P.O. Box 280 (Number, street, rural route, apartment, or suite number)	
		Circle, MT 59215 (City, town, state, zip)	
	Email	mrtcreg@midrivers.coop Fax (optional)	
ο	CERTIFICATIO	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersig	gned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ow	rner 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 in line 1 of space B and that the owner is not a corporation or partnership; or	identified
		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.	cable system
	are true, comp	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. ction 1001(1986)]	
		X /s/ Dennis Green	
		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: Dennis Green	
		Title: President (Title of official position held in corporation or partnership)	
		Date: August 28, 2018	

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 the 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 telephoi 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 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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
LE & CELLULAR COMMUNICATIONS, LLC	609
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.	P Special Statement Concerning Gross 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?	
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.	
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	Q Interest Assessmen
	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme

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