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				
08/13/2018	\$ 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	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.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		City of Barnesville Cable TV						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO Box 550 (Number, street, rural route, apartment, or suite number)						
		Barnesville, MN 56514						
		(City, town, state, zip)						
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
C	—	DENTIFICATION OF AND F OVOTEN						
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 suffciency of the fling, a determination that would be made by a court of law.

A	2040./4							
Accounting Period:	2018/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	City of Barnesville Cable TV	62814						
	Instructions: List each separate community served by the cable system. A "communit							
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 Served	identified city.							
	CITY OR TOWN	STATE						
First Community	Barnesville	MN						
Add Rows as Necessary								
Add Nows as Necessary								
		0.0000						
		0.0000						

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Barnesville Cable TV

SYSTEM ID# 62814

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:	463	25.95				
Service to first set			Preferred Basic	358	84.95	
Service to additional set(s)	245	4.95				
FM radio (if separate rate)						
Motel, hotel	1	489.01				
Commercial	2	664.75				
Converter						
Residential						
Non-residential						
		l		l		

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:		Installation: Non-residential			
Pay cable		Motel, hotel	49.95	НВО	16.00
 Pay cable—add'l channel 		Commercial	49.95	Cinemax	9.25
 Fire protection 		• Pay cable		HBO/Cinemax	24.50
 Burglar protection 		 Pay cable-add'l channel 		Starz/Encore	7.95
Installation: Residential		Fire protection		Remote	12.95
 First set 	49.95	 Burglar protection 		Additional Outlet	15.00
 Additional set(s) 		Other services:		Service Call	19.95
 FM radio (if separate rate) 		Reconnect	19.95		
Converter		Disconnect			
		 Outlet relocation 	19.95		
		 Move to new address 	19.95		

Accounting Period: 2018/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Barnesville Cable TV

PRIMARY TRANSMITTERS: TELEVISION

FORM SA1-2E. PAGE 3.

SYSTEM ID#

62814

G

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KXJB** FARGO, ND **WDAY** 6 Ν FARGO, ND Ν **KVRR** 10 FARGO, ND **KVLY** 11 Ν FARGO, ND **KFME** FARGO, ND 13 Ε

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

City of Barnesville Cable TV

62814

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
							
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		1					
	ļ						
	 						
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Accounting Perio	nd: 2018/1						EOD	M SA1-2E. PAGE 5.
ACCOUNTING PERIC	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#
Name	City of Barnesville Ca	ble TV						62814
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 pe 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 spa	E: SPECIA ify every no ccounting p ning that mu T CONCEP riod, did you tion? ", leave the E PROGRA titute progra toce, please of every no distant sta egulations, of	nnetwork televineriod, under spist be included in RNING SUBS ur cable system e rest of this part and additional connetwork televition and that your authorization	ision program, broadcast by secific present and former Fin this log, see page (v) of the triple of this log, see page (v) of the triple of this log, see page (v) of the triple of this log, see page (v) of the get line. Use abbreviations rows to the tables. Vision program ("substitute our cable system substitutes. See page (v) of the get line in this log.	a distant state CC rules, reg he general insussis, any nonres "Yes," you res wherever possible program") the defor the program instructions.	ulations, contractions network te nust com ossible, if nat, durin, ogrammir ions for fu	relevision progression progres	stem carried on a ns. For a further SA1-2 form. gram X NO gram g is ting station ation.
	"NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the brothe case of Mexican or Car Column 5: Give the mor 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 was substituted for prograr effect on October 19, 1976	Bulls." m was broat sign of the adcast statitudian statinth and day we "5/7." es when the Example: er "R" if the and regulatinming that	dcast live, enterstation broadcon's location (tons, if any, the when your symbol e substitute proa program carrollisted program ions in effect dyour system when your system when the listed program is a listed program ions in effect dyour system when the state of the system when the system when the system when the system is stated as the system of the system when the system is system when the system when the system when the system is system when the system is system when the system when the system is system when the system is system when the system is system when the system when the system is system in the system when the system is system in the system of the system is system.	er "Yes." Otherwise enter asting the substitute programe community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 in was substituted for programing the accounting pericas permitted to delete unc	"No." ram. e station is lide station is ide program. Use r cable system i:15 p.m. to 6 ramming that id; enter the later FCC rules	censed by entified). se numer m. List the :28:30 p. your sys etter "P" i	the FCC or, als, with the retimes accurm. should be tem was requifited prolations in	in month rately <i>uired</i> rogram
	S	UBSTITUT	E PROGRAM		CARRI	AGE OC	CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION

Accounting Period:	•		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Barnesville Cable TV	SY	62814
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	-,483.00 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	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 taccounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	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 (but less 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		
		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and		F C	
Total Remittance	1. 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 payable to the Regis See page i of the general instructions in the paper SA1-2 form for more information		its!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7.		
Name	LEGAL NAME OF OWNER OF CABLE City of Barnesville Cable TV	SYSTEM:		SYSTEM ID# 62814		
M	= ' ' '		s on which the cable system carried television broadcast stationer of activated channels during the accounting period.	ons		
Channels	Enter the total number of channel system carried television broadca		e 	5		
	Enter the total number of activate on which the cable system carried and nonbroadcast services	d television broadcast	t stations	126		
N Individual to	INDIVIDUAL TO BE CONTACTED we can contact about this statemen		RMATION IS NEEDED (Identify an individual to whom			
for Further Information	Name Roxi Hacker		Teleph	one 320-212-3427		
	Address 130 Birch Av (Number, street, rure Hector, MN 9 (City, town, state, zip	il route, apartment, or suit	te number)			
	Email roxih	@interstatetelcom.c	com Fax (optional)			
	CERTIFICATION (This statement of	account must be cer	tified and signed in accordance with Copyright Office regulation	ons)		
O Certification	• I, the undersigned, hereby certify the	nat (Check one, but on	ly one, of the boxes.)			
	(Owner other than corpo	oration or partnershi	ip) I am the owner of the cable system as identified in line 1 of sp	pace B; or		
			artnership) I am the duly authorized agent of the owner of the cot a corporation or partnership; or	able system as identified		
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.					
			eclare under penalty of law that all statements of fact contained by ge, information, and belief, and are made in good faith.	nerein		
		X	/s/ Guy Swenson	<u> </u>		
			electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)			
	Туре	d or printed name:	Guy Swenson			
	Title:		lanager on held in corporation or partnership)			
	Date:		August 13, 2018			

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counting Period: 2018/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ty of Barnesville Cable TV	62814
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 scribers 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 transmission made by satellite carriers to satellite dish owners? X NO	sub- " Special Statement Concerning Gross Receipts Exclusion
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 or 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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	- '
x 0.00274	
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	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance pl	
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, ple 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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