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							
	\$							
8/7/2018	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	ACCC	DUNTING 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
		North Dakota Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 180 (Number, street, rural route, apartment, or suite number)
		Devils Lake, ND 58301 (City, town, state, zip)
С		<b>UCTIONS:</b> 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.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	-	MAILING ADDRESS OF CABLE SYSTEM:
		INAILING ADDICESS OF CABLE STSTEM.
	2	(Number, street, rural route, apartment, or suite number)
	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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	North Dakota Telephone Company	629
	Instructions: List each separate community served by the cable system. A "community"	
	"a separate and distinct community or municipal entity (including unincorporated comm	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	
	as the "first community." Please use it as the first community on all future filings.	Will derive us a 15111 6. 27222
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	me parks should be reported in parentheses below the
	identified city.	
OCI 104	l	
	CITY OR TOWN	STATE
First	Devils Lake	ND
Community	Tolna	ND
	McVille-Pekin	ND
Rows as Necessary	Harvey	ND
	Leeds	ND
	New Rockford	ND
	Rugby	ND
	Knox	ND
	Minnewaukan	ND
	Sheyenne	ND
ļ	Drake	ND
	Penn	ND
	Crary	ND ND
	Maddock	ND
	Balta	ND
	Esmond	ND
	Fessenden	ND
	Cando	ND
	Starkweather	ND
	Webster	ND
	Webster Hampden	שא ND
	Anamoose	ND
	Oberon	ND ND
	Fort Totten	ND
	York	ND
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Accounting Period: 2018/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62944

## E

#### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**North Dakota Telephone Company** 

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:	00000111021110		0711200111 01 02111102	ooboobe				
Service to first set	2,913	26.95						
Service to additional set(s)								
• FM radio (if separate rate)								
Motel, hotel								
Commercial								
Converter								
Residential								
Non-residential								
		T			T			

# 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	26.95	Motel, hotel		DVR	7.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Limited	43.95
Fire protection		Pay cable		Complete	94.95
•Burglar protection		Pay cable-add'l channel			
Installation: Residential	38	Fire protection			
• First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect	38.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	38.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62944

### North Dakota Telephone Company

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
CW	2	E	FARGO, ND
METV	3	N	FARGO, ND
KRDK	4	<u> </u>	FARGO, ND
WDAY	6	N	FARGO, ND
KVLYDT2	7	N	FARGO, ND
WDAZ	8	N	GRAND FORKS, ND
KNRR	9	N	FARGO, ND
кмот	10	N	MINOT, ND
KVLYDT1	11	N	FARGO, ND
KXND	12	N	MINOT, ND
кхмс	13	N	MINOT, ND
KMCY	14	N	MINOT, ND
KGFE	15	N	GRAND FORKS, ND
COZITV	404	l	FARGO, ND
WDAYZDT2	408	N	FARGO, ND
KVRRDT2	409	N	FARGO, ND
KGFEDT2	415	E	GRAND FORKS, ND
KGFEDT3	416	E	GRAND FORKS, ND
HEROES & ICONS	424	l	MINOT, ND

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### North Dakota Telephone Company

62944

#### 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						EOD	M SA1-2E. PAGE 5.			
Accounting r eno	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:			1010	SYSTEM ID#				
Name	North Dakota Telephor	ne Compa	any					62944			
Substitute Carriage: Special Statement and Program Log	0.0.2										
	effect on October 19, 1976.  S  1. TITLE OF PROGRAM	UBSTITUT  2. LIVE? Yes or No	E PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH			7. REASON FOR DELETION			
							=				

Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#							
	North Dakota Telephone Company			62944							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amour all amounts (gross receipts) paid to your cable system by subscribers for the system's sect (as identified in space E) during the accounting period. For a further explanation of how to 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.	ondary transr compute this	mission services amount, see	3,647.80							
	CODVDICUT DOVALTY FFF										
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  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than See page (vi) of the general instructions located in the paper SA1-2 form for more information.		\$263,800								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LES	SS									
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00										
	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 lines 1 and 2										
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more	than \$137,1	100)								
	1. Base amount under statutory formula	63,800.00									
	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	····· <u></u>		0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	· · · · · · · · <u> -</u>									
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less	s than \$527.	,600)								
	1. Enter the amount of gross receipts from space K	63,647.80									
	2. Base amount under statutory formula	63,800.00									
	3. Subtract line 2 from line 1	99,847.80									
	4. Multiply line 3 by .01	;	1,998.48								
	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 $\dots$	<u>.</u>	\$	3,317.48							
	FILING FEE AND TOTAL REMITTANCE DUE										
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>;                                    </u>	3,317.48								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>;                                    </u>	20.00								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	[	\$	3,337.48							
	Important: Your remittance must be in the form of an electronic payment payable See page i of the general instructions in the paper SA1-2 form for mo	-		ghts!							

Accounting Period:	2018/1											FORM SA	A1-2E. PAGE 7
Name	LEGAL NAME OF OWNER O North Dakota Telephor											\$	SYSTEM ID# 62944
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable system and nonbroadcast services.	the cable system's to of channels on which a broadcast stations. of activated channels am carried television b	the cable	ber of activ	/ated channe	els during th	ne acc	ounting perio				19	
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			PRMATION	N IS NEEDE	<b>D</b> (Identify a	an indi	vidual to who	om				
for Further Information	Name SHAV	/NA SENGER							Telephone	701-6	62-1100	)	
		2ND ST NW street, rural route, apartm	nent, or suit	ite number)									
		S LAKE, ND 58	301										
	Email	SHAWNAS@NE	OTEL.CC	OM				Fax (option	al) 701-662-64	146			
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (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.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]												
		Typed or printed Title:	enter signature name:	shaw	awna Sen signature on ng an "/s/ sign na Senge tal Officer orporation or pa	the line abov nature" (e.g.,		ertify this stat thn Smith)					
		<b>υαι</b> σ.						00/01/2	010				

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ounting Period: 2018/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
rth Dakota Telephone Company	62944
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	4
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	-
x days	-
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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