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 COPYRIGH	FOR COPYRIGHT OFFICE USE ONLY			
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>		
General instructions are located	8/20/2018	\$	For additional information, contact the U.S. Copyright Office Licensing Division at		
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150		

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	
		6 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	3230
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Lonsdale Video Ventures, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 358 (Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
<u>.</u>			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Lonsdale Video Ventures, LLC	63230
D	Instructions: List each separate community served by the cable system. A "community" i "a separate and distinct community or municipal entity (including unincorporated comm 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.	nunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home identified city.	e parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Lonsdale Veseli	MN MN
,	Unincorporated Le Sueur County	MN
Add Rows as Necessary	Unincorporated Scott County	MN
	Unincorporated Rice County	MN

									-2E. PAGE	
Name	Lonsdale Video Venture	es, LLC							6323	
E Secondary Transmission Service: Sub- scribers 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.						om those em, together ervice is			
	BLO	DCK 1 NO. OF	-				BLOCK	K 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		1,315	\$22.95						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
F Services Other Than Secondary 'ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) info that are ns: you hished to usually he cable stem fur je was r	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offeren nade or establi	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco nformation com formation shoul arged on a varia pplicable servic he accounting p	ondary trans cerning (1) d include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not		
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services: Pay cable			ation: Non-res	idential		Promis	m Channels	\$14- ⁻	
	Pay cable Add'l channel			tel, hotel mmercial				led Basic	\$64.	
	Fay cable—add i channel Fire protection			y cable			Digital		\$72.0	
	•Burglar protection			y cable-add'l ch	annel		Signal	_4010	ψι 2.\	
	Installation: Residential			e protection						
	• First set	First 3 free		glar protection						
	Additional set(s)	\$35.00		services:						
	• FM radio (if separate rate)			connect						
	, , , , , , , , , , , , , , , , , , , ,									
	Converter		• DIS	connect						
	Converter		•	connect tlet relocation						

				FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF			SYSTEM 632					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary	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, <i>except</i> (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								
nsmitters: elevision	 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, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	(RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station	noncommercial endent), "I-M" onal multicast). is licensed by the					
		34	E r m	St. Paul, MN					
	KTCA-DT2	34.2	E-M	St. Paul, MN					
	KTCA-DT3	34.3	E-M	St. Paul, MN					
	KTCA-DT4	34.4	E-M	St. Paul, MN					
	KTCA-DT4 WCCO	34.4 32	E-M N	St. Paul, MN Minneapolis, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP	34.4 32 35	E-M N N	St. Paul, MN Minneapolis, MN St. Paul, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP	34.4 32 35 9	E-M N	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN					
wws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2	34.4 32 35 9 29.3	E-M N N	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN					
ows as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE	34.4 32 35 9 29.3 11	E-M N N N I N	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2	34.4 32 35 9 29.3 11 11.2	E-M N N I I N I-M	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE	34.4 32 35 9 29.3 11	E-M N N N I N	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2	34.4 32 35 9 29.3 11 11.2	E-M N N I I N I-M	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2 KARE-DT3	34.4 32 35 9 29.3 11 11.2 11.3	E-M N N N I I N I-M I-M	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2 KARE-DT3 KEYC	34.4 32 35 9 29.3 11 11.2 11.3 12	E-M N N I I I-M I-M N	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2 KARE-DT3 KEYC KEYC-DT2	34.4 32 35 9 29.3 11 11.2 11.3 12 12.2	E-M N N N I I N I-M I-M N N N-M	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Mankato, MN Mankato, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2 KARE-DT3 KEYC KEYC-DT2 WUCW	34.4 32 35 9 29.3 11 11.2 11.3 12 12.2 22	E-M N N N I N I-M I-M N N-M I	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Mankato, MN Minneapolis, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2 KARE-DT3 KEYC KEYC-DT2 WUCW WUCW-DT2	34.4 32 35 9 29.3 11 11.2 11.3 12 12.2 22 22.2	E-M N N N I I N I-M I-M I-M I-M I I I I I I I I I	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Mankato, MN Mankato, MN Minneapolis, MN Minneapolis, MN					
sws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2 KARE-DT3 KEYC KEYC-DT2 WUCW WUCW-DT2 WUCW-DT3	34.4 32 35 9 29.3 11 11.2 11.3 12 12.2 22 22.2 22.3	E-M N N N I I I I-M I-M I I I I I I I I I I I I I	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Mankato, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2 KARE-DT3 KEYC KEYC-DT2 WUCW WUCW-DT2 WUCW-DT2 WUCW-DT3 KPXM	34.4 32 35 9 29.3 11 11.2 11.3 12 12.2 22 22.2 22.2 22.3 40	E-M N N N I N I-M I-M I N N-M I I I I H M I I	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Mankato, MN Mankato, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN					
sws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2 KARE-DT3 KEYC KEYC-DT2 WUCW WUCW-DT2 WUCW-DT3 KPXM KSTC	34.4 32 35 9 29.3 11 11.2 11.3 12 12.2 22 22.2 22.2 22.3 40 45	E-M N N N I I I I-M I-M I I I I I-M I I I I I I I	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Mankato, MN Minneapolis, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2 KARE-DT3 KEYC KEYC-DT2 WUCW WUCW-DT2 WUCW-DT3 KPXM KSTC KSTC-DT2	34.4 32 35 9 29.3 11 11.2 11.3 12 12.2 22 22.2 22.2 22.3 40 45 45.3	E-M N N N I I N I-M I-M I I I I I I I I I I I I I I I I	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Mankato, MN Mankato, MN Minneapolis, MN					
ows as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2 KARE-DT3 KEYC KEYC-DT2 WUCW-DT2 WUCW-DT2 WUCW-DT3 KPXM KSTC KSTC-DT2 KSTC-DT2	34.4 32 35 9 29.3 11 11.2 11.3 12 12.2 22 22.2 22.2 22.3 40 45 45.3 45.4	E-M N N N N I N I N N N N N N N N I I I I	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Mankato, MN Mankato, MN Minneapolis, MN					
ws as Necessary	KTCA-DT4 WCCO KSTP KMSP WFTC-DT2 KARE KARE-DT2 KARE-DT3 KEYC KEYC-DT2 WUCW WUCW-DT2 WUCW-DT3 KPXM KSTC KSTC-DT2 KSTC-DT3 KSTC-DT4	34.4 32 35 9 29.3 11 11.2 11.3 12 12.2 22 22.2 22.2 22.3 40 45 45.3 45.4 45.6	E-M N N N N I N I N N N N N N N N I I I I	St. Paul, MN Minneapolis, MN St. Paul, MN Minneapolis, MN Mankato, MN Mankato, MN Minneapolis, MN					

ccounting Period:	2018/1			FORM SA1-2E. PAGE 3		
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID		
Name	Lonsdale Video Ventu	ires, LLC		63230		
	PRIMARY TRANSMITTERS:	TELEVISION				
G	carried by your cable system	n during the accounting period, excep	translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program	ne basis under		
Primary Transmitters: Television	substitute program basis, as	explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain statio carried by your cable system on a subs			
			the Special Statement and Program Lo	og)—if the		
	List the station here, and a basis. For further information Column 1: List each station multicast stream associated	Ilso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	ed both on a substitute basis and also o , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. N, etc. Identify each		
	of license. For example, WF	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over th			
	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.					
			t the community to which the station is the community with which the station is	2		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		

EGAL NAME OF								SYSTEM I 632
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
		1	·	<u> </u>				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
				I			t	

Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Lonsdale Video Ventu	res, LLC						63230
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	fy every nor	nnetwork televis	ion program, broadcast by	a distant stat	ion, that you	r cable syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or au	thorizations.	For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	sion progran	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pag	e blank. If vour answer is '	"Yes." vou mu	ust complete	the program	
	log in block 2.	,	loot of the pag		, jeu me	.or complete	and program	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is	i
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			ision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.		1	· · · · · · · · · · · · · · · · · · ·	1 - 2			
				r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the	FCC or, in	
	the case of Mexican or Can	adian statio	ns, if any, the	community with which the	station is iden	ntified).		
	first. Example: for May 7 give		when your syst	tem carried the substitute	program. Use	numerals, v	with the mor	hth
			substitute pro	gram was carried by your	cable svstem.	List the tim	es accurate	lv
	to the nearest five minutes.							5
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that y	our ovotom	waa raawira	d
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM	1		EN SUBSTI IAGE OCCU		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		IMES — TO	DELETION
		165 01 110	CALL SIGN	4. STATION S LOCATION	AND DAT	TROW -	_ 10	
							<u> </u>	
					•		_	
					·			
1							_	

Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lonsdale Video Ventures, LLC		S	63230
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of 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 receipt	n's secondary tra how to compute	nsmission servi	95.78
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 but le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ss than \$527,600		
	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 th 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 a	nd 2	· · · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu	it more than \$13	7,100)	
	1. Base amount under statutory formula	263,800.0	0	
	2. Enter amount of gross receipts from space K	183,095.7	8	
	3. Subtract line 2 from line 1	80,704.2	2	
	4. Enter the amount of gross receipts from space K	\$	183,095.78	
	5. Enter the amount from line 3		80,704.22	
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			511.96
	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			511.96
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	but less than \$5	27,600)	
	1. Enter the amount of gross receipts from space K		_	
	2. Base amount under statutory formula		<u>u</u>	
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01			
	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	d 6		
	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>	511.96	
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		\$	531.96
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form	•		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lonsdale Video Ventures, LLC	SYSTEM ID# 63230
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	23 338
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Scott Friedman Telephone 3	14-462-9000
	Address 1714 Deer Tracks Trail, Suite 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip) Email sfriedman@cinnamonmueller.com Fax (optional)	
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, <i>but only one</i>, 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; of X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. 	tem as identified
	 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)] 	
	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: Bonnie Simon Title: President (Title of official position held in corporation or partnership)	
	Date: 8/17/2018	

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 its placement in t 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 lay

unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
sdale Video Ventures, LLC	632
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. 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?	P Special Statemer Concerning Gros Receipts Exclusio
NO 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
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C	Cable Worksheet		Total amount of remittance	ec'd Initials		
			Date of remittance	Check EFT	FILING FEES	
Cable ID #					Amount Initial	
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗌 Ja	nuary 1 - June 30, 2017	G	/ July 1 - December 31, 2017		
	🗌 Le	tter sent	[Information received		
	Ac	cepted	[Phone call/Date/Contact		
Space B Owner						
	Le	tter sent	C	Information received		
	Ac	cepted		Phone call/Date/Contact		
Space D Area Served						
	Le	tter sent		Information received		
	Ac	cepted	[Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	Le	tter sent	[Information received		
and Rates	Ac	cepted	[Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Le	tter sent	[Information received		
	Ac	cepted	[Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Ac	cepted	[Phone call/Date/Contact		

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
✓ Letter sent		Space J Part-time Carriage Log (SA3 only)
Accepted	Phone call/Date/Contact	Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
	<u></u>	Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Letter sent	Information received Phone call/Date/Contact	
		Channels Space O
Accepted	Phone call/Date/Contact	Channels Space O
Accepted	Phone call/Date/Contact Information received	Channels Space O
Accepted	Phone call/Date/Contact Information received	Channels Channels Space O Certification Space P Statement of
Accepted		Channels Channels Space O Certification Space P Statement of
Accepted Accepted Accepted Accepted Letter sent Accepted Letter sent Letter sent		Channels Channels Space O Certification Space P Statement of
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