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	IT 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	01/28/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20182 Barcode Data Filing Period (optional - see instructions)	
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.	2995
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 7 (Number, street, rural route, apartment, or suite number)	
		HERREID, SD 57632-0007 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	less these
С		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		
	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:	FORM SA1-2E. PAC
Name		
	VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.	29
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including singl
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	HERREID	SD
Community	HOSMER	SD
	EUREKA	SD
ld Rows as Necessary	IPSWICH	SD
	LEOLA	SD
	LONG LAKE	SD
	GLENHAM	SD
	POLLOCK	SD
	MOUND CITY	SD

								FORM SA1	TEM ID
Name								313	299
	VALLEY TELECOMMUN		COOP	ASSOCIAT	ON INC				299
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RA	TES				
E	In General: The information in s								
Coosedant	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						e those existi	ng on the	
Service: Sub-	Number of Subscribers: Both						cable system,	broken	
scribers and	down by categories of secondary	rransmission	service.	In general, you	u can com	pute the num	ber of subscr	ibers in	
Rates	each category by counting the nu							charged	
	separately for the particular server Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc				.,				
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o	nce again und	er "Serv	vice to additiona	al set(s)."				
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		= nynt-n	and block. A tw					
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF S	SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		1,447	14.99	Local E	Broadcast	Retrans Fe	1,447	14.5
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC		NEMIE						
-	In General: Space F calls for rat	-				I your cable s	vstem's servi	ces that were	
F	not covered in space E, that is, th	•	,		•				
	service for a single fee. There ar								
Services	furnished at cost or (2) services of								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	tes are ch	arged on a va	anable per-pro	byram basis,	
Transmissions:	Block 1: Give the standard rat		he cable	e system for ea	ch of the a	applicable ser	vices listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other s	ervices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	NATE		ation: Non-res		NAIL	CATEGO	DRT OF SERVICE	NATE
	Pay cable			tel, hotel	uentiai		СНОІСІ	=	41.9
	Pay cable—add'l channel			mmercial			BASIC	_	51.9
	Fire protection			/ cable			EXPAN	DFD	61.9
	•Burglar protection		-	/ cable-add'l ch	annel		HBO		16.9
	Installation: Residential			e protection			CINEM	ΔX	12.9
	• First set	70.00		glar protection			SHOW		12.9
	Additional set(s)	25.00		services:				/ENCORE	12.9
	• FM radio (if separate rate)	25.00		connect		25.00			12.3
	Converter			connect		23.00			
						70.00			
				tlet relocation ve to new addre	200	70.00			

				FORM SA1-2E. PAGE
lame				SYSTEM ID 299
	PRIMARY TRANSMITTERS:		TION INC.	233
G smitters: evision	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 ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "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 carrie 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-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi 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), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the b on some other ions. PN, etc. Identify each ort multistream the air in its community in 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
	KDLO-DT	3.1	N	SIOUX FALLS, SD
				SIOUA FALLS, SD
	KDLO-DT2	3.2	N-M	SIOUX FALLS, SD
ecessary	KDLO-DT4	3.4	N-M	SIOUX FALLS, SD
ecessary	KDLO-DT4 KFYR-DT	3.4 5.1	N-M N	SIOUX FALLS, SD BISMARK, ND
Necessary	KDLO-DT4 KFYR-DT KTTW-DT	3.4 5.1 7.1	N-M N N	SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD
lecessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2	3.4 5.1 7.1 7.2	N-M N N N-M	SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD SIOUX FALLS, SD
Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3	3.4 5.1 7.1 7.2 7.3	N-M N N N-M N-M	SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD
lecessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY	3.4 5.1 7.1 7.2 7.3 9.14	N-M N N N-M N-M N	SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD
Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2	3.4 5.1 7.1 7.2 7.3 9.14 11.2	N-M N N N-M N-M N N-M	SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD
Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KXMB-DT	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1	N-M N N N-M N-M N N N-M N	SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD BISMARK, ND
: Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KXMB-DT KSFY-DT2	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1 13.2	N-M N N N-M N-M N-M N-M N-M	SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD
Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KXMB-DT KSFY-DT2 KSFY-DT3	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1 13.2 13.3	N-M N N N-M N-M N N-M N-M N-M N-M N-M	SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD SIOUX FALLS, SD
Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KXMB-DT KSFY-DT2 KSFY-DT3 KCSD-DT	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1 13.2 13.3 24.1	N-M N N N-M N-M N-M N-M N-M N-M E	SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD
s Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KXMB-DT KSFY-DT2 KSFY-DT3 KCSD-DT KCSD-DT2	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1 13.2 13.3 24.1 24.2	N-M N N N-M N-M N N-M N-M N-M E E E-M	SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD
Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KXMB-DT KSFY-DT2 KSFY-DT3 KCSD-DT KCSD-DT2 KCSD-DT2 KCSD-DT3	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1 13.2 13.3 24.1 24.2 24.3	N-M N N N-M N-M N-M N-M N-M N-M E E E-M E-M	SIOUX FALLS, SD BISMARK, ND SIOUX FALLS, SD SIOUX FALLS, SD
s Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KSFY-DT2 KSFY-DT2 KSFY-DT3 KCSD-DT KCSD-DT2 KCSD-DT3 KCPO-LP	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1 13.2 13.3 24.1 24.2 24.3 26.1	N-M N N N-M N-M N-M N-M N-M E E E-M E-M I	SIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SD
as Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KXMB-DT KSFY-DT2 KSFY-DT3 KCSD-DT KCSD-DT2 KCSD-DT3 KCPO-LP KDLT-DT	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1 13.2 13.3 24.1 24.2 24.3 26.1 46.1	N-M N N N-M N-M N-M N-M N-M E E E-M E-M I N	SIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SD
as Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KSFY-DT2 KSFY-DT2 KSFY-DT3 KCSD-DT KCSD-DT2 KCSD-DT3 KCPO-LP	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1 13.2 13.3 24.1 24.2 24.3 26.1	N-M N N N-M N-M N-M N-M N-M E E E-M E-M I	SIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SD
as Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KXMB-DT KSFY-DT2 KSFY-DT3 KCSD-DT KCSD-DT2 KCSD-DT3 KCPO-LP KDLT-DT	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1 13.2 13.3 24.1 24.2 24.3 26.1 46.1	N-M N N N-M N-M N-M N-M N-M E E E-M E-M I N	SIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SD
as Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KXMB-DT KSFY-DT2 KSFY-DT3 KCSD-DT KCSD-DT2 KCSD-DT3 KCPO-LP KDLT-DT	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1 13.2 13.3 24.1 24.2 24.3 26.1 46.1	N-M N N N-M N-M N-M N-M N-M E E E-M E-M I N	SIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SD
rs as Necessary	KDLO-DT4 KFYR-DT KTTW-DT KTTW-DT2 KTTW-DT3 KABY KELO-DT2 KXMB-DT KSFY-DT2 KSFY-DT3 KCSD-DT KCSD-DT2 KCSD-DT3 KCPO-LP KDLT-DT	3.4 5.1 7.1 7.2 7.3 9.14 11.2 12.1 13.2 13.3 24.1 24.2 24.3 26.1 46.1	N-M N N N-M N-M N-M N-M N-M E E E-M E-M I N	SIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDSIOUX FALLS, SDBISMARK, NDSIOUX FALLS, SDSIOUX FALLS, SD

Accounting P	Period: 2018	/2					FORM	/ SA1-2E. PAGE
EGAL NAME OF			'STEM: ONS COOP ASSOCIAT	ION INC.				SYSTEM IE
								23.
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
			I-Band FM Carriage: Under (Primary
on the basis of	monitoring, to	be recei	tem whenever it is received a ved at the headend, with the s pyright Office regulations on t	system's FM ante	enna, during c	ertain st	ated intervals.	Transmitters Radio
	dentify the call	-	each station carried.					
			on is AM or FM. nal was electronically process	ed by the cable s	system as a se	eparate	and discrete	
Column 4: G	live the station	n's locati	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in	the case of	
		s, ii ariy,		Station is identifi	eu).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						[

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	VALLEY TELECOMMU	NICATIO	NS COOP A	SSOCIATION INC.				2995
					<u> </u>			
	SUBSTITUTE CARRIAGI							
I	In General: In space I, identi							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general mou			2 101111.
Special	During the accounting per					twork tolovia	sion program	2
Statement and		-	i cable system	carry, on a substitute basis	s, any nonne			
Program Log	broadcast by a distant star	lion ?				L	YES	× NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if thei	r meaning is	i
	clear. If you need more spa			ows to the tables. ision program ("substitute p	vrogram") tha	t during the		
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.			<i>"</i>				
				r "Yes." Otherwise enter "N				
	Column 3: Give the broa	adcast static	on's location (th	sting the substitute programe community to which the	n. station is lice	nsed by the	FCC or in	
	the case of Mexican or Can						. 1 00 01, 11	
				tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."						
				gram was carried by your o				ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sl	hould be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system	was require	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
							TUTE	
			E PROGRAM	1		N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
						-		
							_	
							_	
							_	
			1					
							—	
							_	
			1					
							_	
			1					
							_	
]					
							_	
			1					

Accounting Period:	2018/2		FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: VALLEY TELECOMMUNICATIONS COOP ASSOCIATION INC.		SYSTEM ID# 2995
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 system (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 receipting from subscribers for secondary transmission.	n's secondary trans how to compute thi	smission service
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	ess than \$527,600	\$263,800
	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 t accounting period is \$52.00	hat you must pay for	this six-month
	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	and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bi	ut more than \$137,	100)
	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 \$52)	7,600)
	1. Enter the amount of gross receipts from space K	265,560.49	
	2. Base amount under statutory formula	263,800.00	
	3. Subtract line 2 from line 1	1,760.49	-
	4. Multiply line 3 by .01	\$	17.60
	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, an	d 6	\$ 1,336.60
	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>	1,336.60
Due	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		\$ 1,356.60
	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 for		

Accounting Period:	2018/2						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM:		IATION INC.			SYSTEM ID# 2995
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the c	ou must give (1) the number s, and (2) the cable system's I number of channels on whi I television broadcast stations I number of activated channe able system carried televisio cast services	s total numbe nich the cable ns nels on broadcast	er of activated channe	ls during the ad		18
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of account		MATION IS NEEDED	D (Identify an in	dividual to whom	
for Further Information	Name	MARCIA HUBER				Telephone	605-437-2615
	Address	PO BOX 7 (Number, street, rural route, apa (City, town, state, zip)	artment, or suite	e number)			
	Email	MARCIA.H@\	VALLEYTEL	L.COOP		Fax (optional) 605-437-22	20
O Certification	I, the undersigned (Owned (Agen in X (Offlic in I have examined	(This statement of account r ed, hereby certify that (Check er other than corporation or ht of owner other than corpor line 1 of space B and that the cer or partner) I am an officer line 1 of space B. d the statement of account and te, and correct to the best of m on 1001(1986)]	r partnership) partnership) pration or part e owner is not r (if a corporati d hereby deck my knowledge,	rone, of the boxes.)) I am the owner of the rtnership) I am the duly a corporation or partner tion) or a partner (if a partner under penalty of Ia	cable system as y authorized age ership; or artnership) of th w that all staten if, and are made VS	s identified in line 1 of space E ent of the owner of the cable s e legal entity identified as own nents of fact contained herein in good faith.	ystem as identified
		Typed or printe Title: (Title of	GENER	JEFF SYMENS			
		Date:				January 11, 2019	

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 fing, a determination that would be made by a court of lav

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
LEY TELECOMMUNICATIONS COOP ASSOCIATION INC.	299
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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 3 Multiply line 2 by the number of days late and enter the sum here	— — —
Line 3 Multiply line 2 by the number of days late and enter the sum here	— — —
Line 3 Multiply line 2 by the number of days late and enter the sum here - 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 - * 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. For further assistance please	
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 - - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
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 - - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
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 - x 0.00274 - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td< td=""><td></td></td<>	

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 th 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 Office'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.