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				
02/28/2019	\$ 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					
		Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
		Indicate the second sec					
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						
		Three River Digital Cable, LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		PO Box 66 (Number, street, rural route, apartment, or suite number)					
		Lynch, NE 68746 (City, town, state, zip)					
		In the second control of the second control					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:					
	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.

		FORM SA1-2E. PAGE 1
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Three River Digital Cable, LLC	402
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo known as the "first community." Please use it as the first community on all future	I communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	AINSWORTH	NE
Community	LONG PINE	NE NE
Community		
	O'NEILL	NE NE
dd Rows as Necessary	NAPER	NE.
	VALENTINE	NE NE
	SPRINGVIEW	NE
	LYNCH	NE
	VERDEL	NE
	JOHNSTOWN	NE
	PIERCE	NE

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Three River Digital Cable, LLC

SYSTEM ID#

402

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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,485	32.95			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

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 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Essential	32.95
 Pay cable—add'l channel 		Commercial		Expanded	82.95
Fire protection		Pay cable		Expanded Plus	92.95
•Burglar protection		Pay cable-add'l channel		Supreme	#####
Installation: Residential		Fire protection		Starz/Encore	12.00
First set		Burglar protection		НВО	18.00
Additional set(s)		Other services:		Showtime/TMC	14.00
• FM radio (if separate rate)		Reconnect		Cinemax	14.00
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

402

Three River Digital Cable, LLC

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
KMNE-DT	7.1	E	BASSETT, NE
KMNE-DT2	7.2	E-M	BASSETT, NE
KFXL-DT	51.1	N	LINCOLN, NE
KTTW-DT	17.1	N	SIOUX FALLS, SD
KSNB-DT	4.1	N	SUPERIOR, NE
KDLT-DT	46.1	N	SIOUX FALLS, SD
KELO-DT	11.1	N	SIOUX FALLS, SD
KOLN-DT	10.1	N	LINCOLN, NE
KHGI-DT	13.1	N	KEARNEY, NE
KSFY-DT	13.1	N	SIOUX FALLS, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Three River Digital Cable, LLC

402

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

NAME OF OWNER OF CABLE SYSTEM: Part River Digital Cable, LLC			
			FORM SA1-2E. PA
			OTOTEM
TITUTE CARRIAGE: SPECIAL STATE teral: In space I, identify every nonnetwork to the basis during the accounting period, under ation of the programming that must be included. ECIAL STATEMENT CONCERNING SU ting the accounting period, did your cable sy treast by a distant station? If your answer is "No", leave the rest of this block 2. If GOF SUBSTITUTE PROGRAMS Interal: List each substitute program on a set if you need more space, please add additing turn 1: Give the title of every nonnetwork in, was broadcast by a distant station and the certain FCC rules, regulations, or authorize	elevision program, broadcast by a per specific present and former FCC ded in this log, see page (v) of the IBSTITUTE CARRIAGE estem carry, on a substitute basis as page blank. If your answer is "Verparate line. Use abbreviations would row to the tables. television program ("substitute present your cable system substituted)	C rules, regulations, or general instructions in general for the programming of the programming in general instructions in gen	evision program YES NO lete the program heir meaning is the accounting of another station
t use general categories like "movies" or "b Basketball: 76ers vs. Bulls." umn 2: If the program was broadcast live, umn 3: Give the call sign of the station broadcast station's location see of Mexican or Canadian stations, if any umn 5: Give the month and day when you xample: for May 7 give "5/7." umn 6: State the times when the substitut nearest five minutes. Example: a program as "6:00–6:30 p.m." umn 7: Enter the letter "R" if the listed proadcast state the impact of the listed proadcast of the condense of t	enter "Yes." Otherwise enter "No badcasting the substitute program on (the community to which the s the community with which the s ir system carried the substitute program er to program was carried by your cateried by a system from 6:01:18 gram was substituted for program ect during the accounting period;	titles, for example, "lo." n. station is licensed by tation is identified). rogram. Use numera able system. List the 5 p.m. to 6:28:30 p.m mming that your syste enter the letter "P" if	the FCC or, in Is, with the month times accurately h. should be em was required the listed program ations in
SUBSTITUTE PROGF	RAM	CARRIAGE OCC	CURRED 7. REASON
TITLE OF PROGRAM 2. LIVE? Yes or No CALL SIG		5. MONTH 6. T AND DAY FROM	TIMES DELETIC

Accounting Period:	2018/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Three River Digital Cable, LLC			S	SYSTEM ID# 402
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the same (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	system's se on of how to	condary transmi compute this a	ssion service imount, see	88,300.00
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	an \$527,600	963,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for t	his six-mon	
	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 li	nes 1 and 2		- <u>-</u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	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	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	288,300.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	24,500.00		
	4. Multiply line 3 by .01		\$	245.00	
	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	4, 5, and 6 .	·····	\$	1,564.00
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,564.00	
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			\$	1,584.00
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ghts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Three River Digital Cable, LLC	SYSTEM ID# 402
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	10
	on which the cable system carried television broadcast stations and nonbroadcast services	186
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 Steven Dorf Telephone 402-56	9-2666
	Address PO Box 66 (Number, street, rural route, apartment, or suite number) Lynch, NE 68746 (City, town, state, zip)	
	Email info@threeriver.net 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, 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 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 of the 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)]	
	X /s/ Steven Dorf	
	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: Steven Dorf	
	Title: General Manager (Title of official position held in corporation or partnership)	
	Date: 02/21/2019	

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counting Period: 2018/2		FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
ree River Digital Cable, LLC		402
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUST The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to service of providing secondary transmissions of primary broadcast transmitter scribers and amounts collected from subscribers receiving secondary transmister scribers and amounts collected from subscribers receiving secondary transmister scribers and amounts collected from subscribers receiving secondary transmister scribers and amounts collected from subscribers receiving secondary transmister scribers and amounts collected from subscribers receiving secondary transmister scribers and amounts collected from subscribers receiving secondary transmister scribers and amounts collected from subscribers receiving secondary transmister scribers and amounts collected from subscribers receiving secondary transmister scribers and amounts collected from subscribers receiving secondary transmister scribers and amounts collected from subscribers receiving secondary transmister scribers and amounts collected from subscribers receiving secondary transmister scribers and the gross amounts of prossers and the gross amounts of prossers and the gross amounts paid to service scribers and the gross amounts of prossers and the gross amounts paid to service scribers and the gross amounts of prossers and the gross amounts paid to service scribers and the gr	e Copyright Act by adding the fol- the cable system for the basic rs, the system shall not include sub- issions pursuant to section 119." of the general instructions ceipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions		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		
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays	
1. 4 M 1. 1 P 01 0 000744	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	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e.pdf. For further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for on	ne dav late.	
NOTE: If you are filing this worksheet covering a statement of account already submit list below the owner, address, first community served, ID number, and accounting pe	itted to the Copyright Office, please	
Owner		
Address		
ID number		
First community served Accounting period		

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