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

STATEME		OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable System General instruct in the first tab of	ctions	are located	02/08/2019	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YYY/(Period))	
		2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	the owner conducts the business of the	ne cable system.	
		If there were different owners during the a single statement of account and royalty fe		he last day of the accounting period should s ing period.	submit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		WEST CENTRAL TELEPHONE ASSO	DC.		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	,	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO BOX 304 (Number, street, rural route, apartment, or suite ni	mber)		
		(City, town, state, zip)			
С				tify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	<u> </u>	MAILING ADDRESS OF CABLE SYSTEM			

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.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		5131EM
	WEST CENTRAL TELEPHONE ASSOC.	
	Instructions: List each separate community served by the cable system. A "community" is	
D	"a separate and distinct community or municipal entity (including unincorporated commu	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi	ill serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	MENAHGA	MN
Community	NIMROD	MN
	SEBEKA	MN
d Rows as Necessary	VERNDALE	MN
	WOLF LAKE	MN
	WADENA	MN

	1						FORM SA1		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				SYS	TEM ID	
	WEST CENTRAL TELE	PHONE ASS	SOC.						
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBERS AND F	RATES					
E	In General: The information in s								
- ·	system, that is, the retransmissi								
Secondary Transmission	about other services (including particular about other services (including particular about the services (including par			,		those exis	ting on the		
Service: Sub-	Number of Subscribers: Bot					ble systen	n, broken		
scribers and	down by categories of secondar	•				-			
Rates	each category by counting the n						s charged		
	separately for the particular serv						rac and the		
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc					5 within a			
	Block 1: In the left-hand block				ondary transmis	sion serv	ice that cable		
	systems most commonly provide								
	that applies to your system. Not		-		-				
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system				service that are	different	from those		
	printed in block 1 (for example, t	tiers of services	that include one or r	nore secon	dary transmissio	ons), list th	nem, together		
	with the number of subscribers a	and rates, in th	e right-hand block. A	two- or thre	e-word descript	ion of the	service is		
	sufficient.					BLOCI	<i><</i> 2		
		NO. OF					NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:								
	Service to first set		1,506 30.25						
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATI	ES					
F	In General: Space F calls for ra			•	• •				
Г	not covered in space E, that is, t				,	,			
Services	service for a single fee. There as furnished at cost or (2) services		,	0		0 (/		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.			-		-		
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that			-					
	listed in block 1 and for which a brief (two- or three-word) description	these other ser	vices in th	le form of a					
		BLO			DATE	0.475.0	BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF SEF Installation: Non-re		RATE	CATEG	ORY OF SERVICE	RATE	
	-		• Motel, hotel	Sidential	T&M				
			Commercial		T&M				
	• Pay cable	45.05	• Commercial						
	• Pay cable—add'l channel	15.95	-						
	Pay cable—add'l channel Fire protection	15.95	• Pay cable	honnol					
	 Pay cable—add'l channel Fire protection Burglar protection 	15.95	• Pay cable • Pay cable-add'l c	hannel					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	15.95	 Pay cable Pay cable-add'l c Fire protection 						
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	15.95	 Pay cable Pay cable-add'l c Fire protection Burglar protection 						
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	15.95	 Pay cable Pay cable-add'l c Fire protection Burglar protection Other services: 						
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	15.95	 Pay cable Pay cable-add'l c Fire protection Burglar protection Other services: Reconnect 		27.00				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	15.95	 Pay cable Pay cable-add'l c Fire protection Burglar protection Other services: Reconnect Disconnect 		27.00				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	15.95	 Pay cable Pay cable-add'l c Fire protection Burglar protection Other services: Reconnect 	1					

nting Period: 2				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	WEST CENTRAL TEL	_EPHONE ASSOC.		
G Primary ansmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, ide 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 rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "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	TELEVISION lentify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s : With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part ne carriage of certain network progent (e)(2) and (4))]; and (2) certain stand arried by your cable system on a second system on a second system on a substitute basis and all see page (v) of the general instruction or ogram services such as HBO, ES e-air designation. For example, represent the station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	adian stations, if any, give the name of t	ae community with which the static 3. TYPE OF STATION	4. LOCATION OF STATION
	КРХМ	41	N	MINNEAPOLIS MN
	KARE	11	N	
N	WCCO	4	N	
s as Necessary	KMSP	9	N	MINNEAPOLIS MN MINNEAPOLIS MN
	WFTC	29	E	
	WUCW	29	N	MINNEAPOLIS MN MINNEAPOLIS MN
		5	N	
	VOTD	5		
	KSTP			
	KSTC	45	N	MINNEAPOLIS MN
	KSTC KVLY	45 11	N N	MINNEAPOLIS MN FARGO ND
	KSTC KVLY KVRR	45 11 15	N N N	MINNEAPOLIS MN FARGO ND FARGO ND
	KSTC KVLY KVRR KXJB	45 11 15 4	N N N N	MINNEAPOLIS MN FARGO ND FARGO ND FARGO ND
	KSTC KVLY KVRR	45 11 15	N N N	MINNEAPOLIS MN FARGO ND FARGO ND
	KSTC KVLY KVRR KXJB	45 11 15 4	N N N N	MINNEAPOLIS MN FARGO ND FARGO ND FARGO ND
	KSTC KVLY KVRR KXJB	45 11 15 4	N N N N	MINNEAPOLIS MN FARGO ND FARGO ND FARGO ND
	KSTC KVLY KVRR KXJB	45 11 15 4	N N N N	MINNEAPOLIS MN FARGO ND FARGO ND FARGO ND
	KSTC KVLY KVRR KXJB	45 11 15 4	N N N N	MINNEAPOLIS MN FARGO ND FARGO ND FARGO ND
	KSTC KVLY KVRR KXJB	45 11 15 4	N N N N	MINNEAPOLIS MN FARGO ND FARGO ND FARGO ND
	KSTC KVLY KVRR KXJB	45 11 15 4	N N N N	MINNEAPOLIS MN FARGO ND FARGO ND FARGO ND
	KSTC KVLY KVRR KXJB	45 11 15 4	N N N N	MINNEAPOLIS MN FARGO ND FARGO ND FARGO ND
	KSTC KVLY KVRR KXJB	45 11 15 4	N N N N	MINNEAPOLIS MN FARGO ND FARGO ND FARGO ND
	KSTC KVLY KVRR KXJB	45 11 15 4	N N N N	MINNEAPOLIS MN FARGO ND FARGO ND FARGO ND
	KSTC KVLY KVRR KXJB	45 11 15 4	N N N N	MINNEAPOLIS MN FARGO ND FARGO ND FARGO ND

EGAL NAME OF								SYSTEM
	every radio s	station ca	rried on a separate and discre					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s e station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Mexican or Can		-	the community with which the	station is identifi	ed). AM or FM	8/D	LOCATION OF STATION	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
							·	

Name	od: 2018/2							FORM	I SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
	WEST CENTRAL TELI	EPHONE	ASSOC.						0
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G				
1	In General: In space I, ident	-	-			tion that y		lo ovet	om corriad on a
•	substitute basis during the a								
Substitute		explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:					Ŭ		•		
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 						am		
Statement and				n ouny, on a substitute ba	515, any 11611				
Program Log	broadcast by a distant sta	luon?					Y	ES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	must com	olete the	e prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUT								
	In General: List each subs				s wherever p	ossible, if	their me	eaning	is
	clear. If you need more spa								
	Column 1: Give the title period, was broadcast by a			vision program ("substitute					
	under certain FCC rules, re								
	Do not use general catego								
	"NBA Basketball: 76ers vs.					• •			
				er "Yes." Otherwise enter '					
				asting the substitute progr		a a mana a la ha		C :	-
	the case of Mexican or Cal			the community to which the community with which the			the FC		n
				stem carried the substitute			als, with	the m	onth
	first. Example: for May 7 gi		, ,		10		,		
				ogram was carried by you					itely
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. shoul	ld be	
	stated as "6:00–6:30 p.m."	ter "R" if the	listed program	n was substituted for prog	ramming that	VOUR SVS	em was	roqui	ired
	to delete under FCC rules								
	was substituted for program								gram
	effect on October 19, 1976					-			
						N SUBST			
	S	OBSILIUI	E PROGRAM						
								.0	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH	6.	TIMES	то	7. REASON FOR DELETION
1	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION			TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		
	1. TITLE OF PROGRAM				5. MONTH	6.	TIMES		

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WEST CENTRAL TELEPHONE ASSOC.	S	YSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	0,784.33 ss receipts)
L Copyright Royalty Fee	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 less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	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 that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula \$ 263,800.00	,	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Free and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Name LECAL NAME of CONNEXCE OF CALL EXPERIME SYSTEM M WEST CENTRAL TELEPHONE ASSOC. CHANNELS 12 M Disbuscience, and classed of channels on which the cable system carried belowing the accounting period. 12 2. Enter the total rancher of channels on which the cable 12 weat marked labeling to the cable system carried belowing to madatast stations 187 Individual to be channels, and the cable of the cable system carried belowing to marked stations 187 Individual to be channels, and the cable of	Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of channels on which the cable system carried betwistic broadcast stations to is subscription. Instructions: You must give (1) the number of channels on which the cable system carried betwistic broadcast stations is a subscription. 12 Prime and the basis on which the cable system station number of advised channels during the accounting period. 137 Instructions: You must give (1) the number of advised channels on which the cable system arried betwisten broadcast stations. 137 Instructions: You must give (1) the number of advised channels on which the cable system arried betwisten broadcast stations. 137 Instructions: You must give (1) the number of advised channels on which the cable system arried betwisten broadcast stations. 137 Instructions: You must give (1) the number of advised channels on which the cable system arried betwisten broadcast stations. 137 Instructions: You must give (1) the number of advised channels on which the cable system arried betwisten broadcast stations. 137 Instructions: You must give (1) the statement of account.) Instructions: You must be cable system and betwisten broadcast stations. 137 Instructions: You must give (1) the number of advised channels on which the cable system as identified in line 1 of space B. or United the statement of account must be outfind and signed in accordance with Copyright Office regulations) 138 Enter the table optical and the the work in tad a coprostion or patrimetab) and the davis	Name			SYSTEM ID# 0
Individual to Be Contacted for Further Information Name JENNIFER GREWE Telephone 218-837-6023 Address PO BOX 304 308 FRONTAGE RD Distribution, specification, is get much be address PO BOX 304 308 FRONTAGE RD Marker, shuth, tain role, specification SEEEKA MN 56477 (city, town, tails, rip) Email Email JENNIFERG@WCTA.NET Fax (optional) 218-837-5004 O Certification • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 (Owner other than corporation or partnership) 1 am the duly authorized agent of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) 1 am the duly authorized agent of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the statement of account and hereby declare under penalty of law that all statements. Enter an electronic signature on the line above to certify this statement. Enter an electronic signature on the line above to certify this statement. Enter an electronic signature using an 'l/d ignature' (e.g., l/d ohn smit) Typed or printed name: JENNIFER GREWE Title: CONTROLLER		Instructions: Y to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the	ers, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	
Information Address PO BOX 304 308 FRONTAGE RD ("Muther, struct, rund robe, spectrement, or suble markite") SEBERA MN 56477 ("City, town, state, 20) Email JENNIFERG@WCTA.NET Fax (optional) 228:837:5004 Control Contro	Individual to			
Image: space result real node, spacement, or subs number; SEEKA MN 56477 (City, our, side, spit) Email JENNIFERG@WCTA.NET Fax (optional) 218:837-5004 OC OC Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 • 0 • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 • 0 • 0 • 1, the undersigned, hereby certify that (Check one or partnership) I am the owner of the cable system as identified in line 1 of space B; or • 0 (Officer or partner) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the statement of account and hereby declare under panalty 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 failth. [18 U.S.C. Section 1001(1986)] I U.S.C. Section 1001(1986) I U.S.C. Section 1001(1986) I Typed or printed name: JENNIFER GREWE Itter: CONTROLLER		Name	JENNIFER GREWE Telephone	218-837-6023
Certification Certification Certification • 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, 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) 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 corect 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 "// signature" (e.g., 1// John Smith) Typed or printed name: JENNIFER GREWE Title: CONTROLLER			(Number, street, rural route, apartment, or suite number) SEBEKA MN 56477 (City, town, state, zip))4
Date: 02/08/2019	-	I, the undersig (Own (Age i X (Off i I have examin are true, completing	ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Ther other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space In to fowner other than corporation or partnership) I am the duly authorized agent of the owner of the cable In line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ow I line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herei tete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] I corr or printed name: I pennifer Grewe Typed or printed name: I pennifer GREWE Title: CONTROLLER (Title of official position held in corporation or partnership)	system as identified vner of the cable system

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 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 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.

ounting Period: 2018/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ST CENTRAL TELEPHONE ASSOC.	(
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 Receipts Exclusion
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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name	_
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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	-
	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance 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.	
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