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	03/01/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	'YY/(Period))	

Accounting Period       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         Accounting Period       Image: Second Data Filing Period (optional - see instructions)         B       Image: Second Data Filing Period (optional - see instructions)         B       Image: Second Data Filing Period (optional - see instructions)         B       Image: Second Data Filing Period (optional - see instructions)         B       Image: Second Data Filing Period (optional - see instructions)         B       Image: Second Data Filing Period (optional - see instructions)         B       Image: Second Data Filing Period (optional - see instructions)         Image: Second Data Filing Period (optional - see instructions)       Image: Second Data Filing Period (optional - see instructions)         B       Image: Second Data Filing Period (optional - see instructions)       Image: Second Data Filing Period (optional - see instructions)         Image: Second Data Filing Period Components drive the second second rule of the second rule of	A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting Period			
Accounting Period  Accounting Period  B  Commer  B  Commer  B  Commer  B  Commer  C  C  System  C  C  System  C  C  System  C  C  C  C  C  C  C  C  C  C  C  C  C			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period  Refined  Refined Refined  Refined Refin			
Accounting Period  Refined  Refined Refined  Refined Refin			
Period           B         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. 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.         fielded           I         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM SOUTHERN CABLEVISION, INC.         fielded           BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM 150 2ND ST SW Number: Genet, fund route, apaditimet, or sube number) PER HAM, MN S6573 City, bus, state. 2007         mailing address of route of cable system.           Y         DERTHERTION OF CABLE SYSTEM 150 2ND ST SW Number: Genet, fund route, apaditimet, or sube number) PER HAM, MN S6573 City, bus, state. 2007         mailing address of the system, if different from the address given in space B. In the 2, give the mailing address of the system, if different from the address given in space B. In the 2, give the mailing address of the system, if different from the address given in space B. In the 2, give the mailing address of the system, if different from the address given in space B. In this 2, give the mailing address of the system, if different from the address given in space B. In this 2, give the mailing address of the system, if different from the address given in space B. In this 2, give the mailing address of the system, if different from the address given in space B.			20182 Barcode Data Filing Period (optional - see instructions)
B         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.         List any other name or names under which the owner onducts 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.         E2808           Image: Check here if this is the system's first filing. If not, enter the system's iD number assigned by the Licensing Division.         E2808           Image: Check here if this is the system's first filing. If not, enter the system's iD number assigned by the Licensing Division.         E2808           Image: Check here if this is the system's first filing. If not, enter the system's iD number assigned by the Licensing Division.         E2808           Image: Check here if this is the system's first filing. If not, enter the system's iD number assigned by the Licensing Division.         E2808           Image: Check here if this is the system of CABLE SYSTEM         SoutHERN CABLEVISION, INC.         EUSINESS NAME(S) OF OWNER OF CABLE SYSTEM           Iso 2ND ST SW         IWinder, strett, number: PERHAM, MNS contes of CABLE SYSTEM         Iso 2ND ST SW         IWinder, strett, number: PERHAM, MNS contes So Trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the addres	Accounting		
B       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.         User 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 royality fee payment covering the entire accounting period.         Image: Comparison of the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       Image: Comparison of Comparison of Cable System         Image: Comparison of Comparison of Cable System of Cable Syst	Period		
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.       2808         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       SOUTHERN CABLEVISION, INC.         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       SOUTHERN CABLEVISION, INC.         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       MAILING ADDRESS OF OWNER OF CABLE SYSTEM         150 2ND ST SW       MAILING ADDRESS OF CABLE SYSTEM         150 2ND ST SW       Number, street, fund route, apathment, or sulte number)         PERHAM, MN 56573       [Cohy, town, statle, 2go)         Number, street, nume or cable SYSTEM:       2give the mailing address of the system, if different from the address given in space B.         1       DENTIFICATION OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         3       DENTIFICATION OF CABLE SYSTEM:	B		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
Creck here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.     Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.     Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.     LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM     SOUTHERN CABLEVISION, INC.     BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM     SOUTHERN CABLEVISION, INC.     BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM     SOUTHERN CABLEVISION, INC.     BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM     SOUTHERN CABLEVISION, INC.     BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM     SOUTHERN CABLEVISION, INC.     BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM     SOUTHERN CABLEVISION, INC.     BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM     SOUTHERN CABLEVISION, INC.     BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM     SOUTHERN CABLEVISION, INC.     BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM     SOUTHERN CABLEVISION, INC.     BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM     SOUTHERN CABLE SYSTEM     SOUTHERN CABLEVISION, INC.     BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM     SOUTHERN CABLE SYSTEM:     SO			of the subsidiary, not that of the parent corporation.
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 SOUTHERN CABLEVISION, INC. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM 150 2ND ST SW Number: street, rural route, apartment, or suite number) PERHAM, MN S66573 [City, town, state, zip: Names Jineady appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: 2 INTERVICE MAILING ADDRESS OF CABLE SYSTEM: 2 INTERVICE, street, rural route, apartment, or suite number)	Owner		List any other name or names under which the owner conducts the business of the cable system.
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.			
SOUTHERN CABLEVISION, INC.           BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)           MAILING ADDRESS OF OWNER OF CABLE SYSTEM           150 2ND ST SW (Number, street, rural route, apartment, or suite number)           PERHAM, MN 56573 (City, town, state, zip)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.           1         IDENTIFICATION OF CABLE SYSTEM: DBA ARVIG           2         (Number, street, rural route, apartment, or suite number)			
SOUTHERN CABLEVISION, INC.           BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)           MAILING ADDRESS OF OWNER OF CABLE SYSTEM           150 2ND ST SW (Number, street, rural route, apartment, or suite number)           PERHAM, MN 56573 (City, town, state, zip)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.           1         IDENTIFICATION OF CABLE SYSTEM: DBA ARVIG           2         (Number, street, rural route, apartment, or suite number)			
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)           MAILING ADDRESS OF OWNER OF CABLE SYSTEM           150 2ND ST SW (Number, street, rural route, apartment, or suite number)           PERHAM, MN 56573 (City, town, state, zip)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.           1         IDENTIFICATION OF CABLE SYSTEM: DBA ARVIG           2         MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)			LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
MAILING ADDRESS OF OWNER OF CABLE SYSTEM         150 2ND ST SW         (Number, street, rural route, apartment, or suite number)         PERHAM, MN 56573         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       IDENTIFICATION OF CABLE SYSTEM:         DBA ARVIG       MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)			SOUTHERN CABLEVISION, INC.
Iso 2ND ST SW (Number, street, rural route, apartment, or sulte number)         PERHAM, MN 56573 (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       IDENTIFICATION OF CABLE SYSTEM: DBA ARVIG         2       (Number, street, rural route, apartment, or suite number)			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
Iso 2ND ST SW (Number, street, rural route, apartment, or sulte number)         PERHAM, MN 56573 (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       IDENTIFICATION OF CABLE SYSTEM: DBA ARVIG         2       (Number, street, rural route, apartment, or suite number)			
Image: Number, street, rural route, apartment, or suite number)         PERHAM, MN 56573         (City, town, state, zip)         Image: NSTFUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1         IDENTIFICATION OF CABLE SYSTEM:         DBA ARVIG         Mailing ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)			MAILING ADDRESS OF OWNER OF CABLE SYSTEM
PERHAM, MN 56573 (City, town, state, zip)         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       IDENTIFICATION OF CABLE SYSTEM: DBA ARVIG         MAILING ADDRESS OF CABLE SYSTEM:       DBA ARVIG         Viunther, street, rural route, apartment, or suite number)       Number, street, rural route, apartment, or suite number)			
INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1         IDENTIFICATION OF CABLE SYSTEM: DBA ARVIG         MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)			
System       names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1         IDENTIFICATION OF CABLE SYSTEM: DBA ARVIG         MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)			(City, town, state, zip)
1     DBA ARVIG       MAILING ADDRESS OF CABLE SYSTEM:       2       (Number, street, rural route, apartment, or suite number)	С		
DBA ARVIG       MAILING ADDRESS OF CABLE SYSTEM:       (Number, street, rural route, apartment, or suite number)	System	1	IDENTIFICATION OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)			DBA ARVIG
			MAILING ADDRESS OF CABLE SYSTEM:
(City, town, state, zip code)		2	(Number, street, rural route, apartment, or suite number)
			(City, town, state, zjp code)
		I	

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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	SOUTHERN CABLEVISION, INC.	62808
D	Instructions: List each separate community served by the cable system. A "communi "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 list as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	GRAND MEADOW	MN
Community	WYKOFF	MN
		MN
dd Rows as Necessary	UNIN. MOWER COUNTY	MN
	การและการแกรกระบบคลามการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและ	

E Secondary Transmission Service: Sub- scribers and Rates	LEGAL NAME OF OWNER OF CA SOUTHERN CABLEVISION In General: The information in sp system, that is, the retransmission about other services (including pri last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate of unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block	SERVICE: SU bace E should n of television ay cable) in sp (June 30 or Do blocks in space transmission umber of billing ce at the rate i narged for eacl	cover all and radio ace F, no ecember ce E call service. I s in that	categories of b broadcasts b ot here. All the 31, as the cas for the number n general, you	secondary by your sys facts you se may be	stem to subscrib state must be t	oers. Give ir		6280
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissio about other services (including pr last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cf unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block	SERVICE: SU bace E should n of television ay cable) in sp (June 30 or Do blocks in space transmission umber of billing ce at the rate i narged for eacl	cover all and radio ace F, no ecember ce E call service. I s in that	categories of b broadcasts b ot here. All the 31, as the cas for the number n general, you	secondary by your sys facts you se may be	stem to subscrib state must be t	oers. Give ir	e cable	0200
E Secondary Transmission Service: Sub- scribers and Rates	In General: The information in sp system, that is, the retransmission about other services (including period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate of unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block	ace E should n of television ay cable) in sp (June 30 or Do blocks in space transmission umber of billing ce at the rate i narged for eacl	cover all and radio ace F, no ecember ce E call service. I s in that	categories of b broadcasts b ot here. All the 31, as the cas for the number n general, you	secondary by your sys facts you se may be	stem to subscrib state must be t	oers. Give ir	e cable	
Secondary Transmission Service: Sub- scribers and Rates	system, that is, the retransmission about other services (including paralast day of the accounting period <b>Number of Subscribers:</b> Both down by categories of secondary each category by counting the nu separately for the particular servi <b>Rate:</b> Give the standard rate ch unit in which it is generally billed. category, but do not include disco <b>Block 1:</b> In the left-hand block	n of television ay cable) in sp (June 30 or Do blocks in space transmission umber of billing ce at the rate in narged for eacl	and radio ace F, no ecember ce E call t service. I is in that	o broadcasts b ot here. All the 31, as the cas for the number in general, you	by your sys facts you se may be	stem to subscrib state must be t	oers. Give ir	e cable	
Secondary Transmission Service: Sub- scribers and Rates	about other services (including paralast day of the accounting period <b>Number of Subscribers:</b> Both down by categories of secondary each category by counting the nu separately for the particular servi <b>Rate:</b> Give the standard rate ch unit in which it is generally billed. category, but do not include disco <b>Block 1:</b> In the left-hand block	ay cable) in sp (June 30 or De blocks in space transmission s unber of billing ce at the rate in narged for eacl	ace F, no ecember ce E call f service. I is in that	ot here. All the 31, as the cas for the number in general, you	facts you se may be	state must be t			
Transmission Service: Sub- scribers and Rates	last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate ch unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block	(June 30 or be blocks in space transmission s imber of billing ce at the rate in narged for each	ecember ce E call service. I is in that	31, as the cas for the number in general, you	se may be		haca avietir		
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi <b>Rate:</b> Give the standard rate ch unit in which it is generally billed. category, but do not include disco <b>Block 1:</b> In the left-hand block	blocks in space transmission s imber of billing ce at the rate in narged for each	ce E call t service. I is in that	for the numbe n general, you		).		ig on the	
Rates	each category by counting the nu separately for the particular servi <b>Rate:</b> Give the standard rate ch unit in which it is generally billed. category, but do not include disco <b>Block 1:</b> In the left-hand block	Imber of billing ce at the rate i narged for eacl	s in that				ole system,	broken	
	separately for the particular servi Rate: Give the standard rate ch unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block	ce at the rate i narged for eacl							
	Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block	narged for eacl						charged	
	unit in which it is generally billed. category, but do not include disce <b>Block 1:</b> In the left-hand block							e and the	
	category, but do not include disce Block 1: In the left-hand block								
		ounts allowed f	for advan	ice payment.	-				
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for cal								
	first set" and would be counted o								
	Block 2: If your cable system h	-		•					
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		, ngint na		o or anot				
L L	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
-	Residential:								
	<ul> <li>Service to first set</li> </ul>		137	67.95					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	<ul> <li>Non-residential</li> </ul>								
			Nemice		·				
_	SERVICES OTHER THAN SECO In General: Space F calls for rate					vour cable svs	tem's servio	es that were	
	not covered in space E, that is, th	•	,		•	• •			
	service for a single fee. There are								
	furnished at cost or (2) services of amount of the charge and the un								
	enter only the letters "PP" in the		usually b	med. If any fai		arged on a varia	able per-pro	gram basis,	
Fransmissions:	Block 1: Give the standard rate		ne cable	system for eac	ch of the a	pplicable servic	es 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 1	hese other serv	vices in the	form of a	
	bilei (two- of tillee-word) descrip								
le la	CATEGORY OF SERVICE	BLO0 RATE		ORY OF SER	/ICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE
	Continuing Services:	TUTE		ion: Non-resi		IVIL	0/(1200		
	• Pay cable	18.95	• Mote	el, hotel			PAY CA	BLE	13.9
	Pay cable—add'l channel	14.95		mercial			PAY CA		28.9
	Fire protection		• Pay				PAY CA		27.9
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential		•	protection					
	First set	55.00		lar protection					
	Additional set(s)		Other se						
	• FM radio (if separate rate)			onnect		55.00			
	Converter			onnect					
				et relocation		40.00			
				e to new addre	ess	55.00			

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM
Name	SOUTHERN CABLE			628
	PRIMARY TRANSMITTERS:	· ·		
G Primary hsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i <b>Substitute Basis Station</b> basis under specific FCC f • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, w <b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast For the meaning of these to <b>Column 4:</b> Give the locati	I 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	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate inctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. .PN, etc. Identify each oort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КІМТ	3	Ν	MASON CITY, IA
	KIMT KAAL	6	N N	MASON CITY, IA AUSTIN, MN
as Necessary				
s Necessary	KAAL	6	N	AUSTIN, MN
Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
s Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
s Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
: as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
s as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
vs as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
ws as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
ws as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
ws as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
ws as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
ws as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
ws as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
ws as Necessary	KAAL	6	N	AUSTIN, MN
	KXLT	47	N	ROCHESTER, MN
	KTTC	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN

EGAL NAME OI								SYSTEM I 628
	t every radio	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried b monitoring, to prmation abou rm. dentify the cal state whether the radio state this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k 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 sed by the cable s he station is licen	eadend, 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. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		OT LE OTON		3,0		
	L	+						
							t	

Accounting Perio	od: 2018/2						FORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	SOUTHERN CABLEVI	SION, INC	-				62808
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	3		
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authoriza	tions. For a further
Substitute	explanation of the programm				e general instr	uctions in the pape	r SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	<ul> <li>During the accounting per</li> </ul>		r cable system	carry, on a substitute basi	s, any nonnet	work television pr	
Program Log	broadcast by a distant sta	tion?				Y	ES XNO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete the p	rogram
	log in block 2.						Ū
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their mear	ning is
	clear. If you need more spa					4	
	period, was broadcast by a			ision program ("substitute p ur cable system substitute			
	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 Love Luc	cy" or
	"NBA Basketball: 76ers vs.		decet live onto	r "Vaa " Otharwiga antar "N	lo."		
				r "Yes." Otherwise enter "N Isting the substitute progra			
	Column 4: Give the broa	adcast static	on's location (th	ne community to which the	station is lice		or, in
	the case of Mexican or Can						
	first. Example: for May 7 give		when your sys	tem carried the substitute p	program. Use	numerals, with th	e month
			substitute pro	gram was carried by your o	able system	List the times acc	curately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."						
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						program
	effect on October 19, 1976.		,			0	
						N SUBSTITUTE	
	s	UBSTITUT		1		AGE OCCURRE	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	DELETION
						_	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SOUTHERN CABLEVISION, INC.	S	/STEM ID# 62808
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	<b>846.00</b>
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 less than or equal to • 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-month	
	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,	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 \$527	7,600)	
	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 Fee and Total Remittance	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!

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: ABLEVISION, INC.				SYSTEM ID# 62808
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number ( s, and (2) the cable system's I number of channels on whic television broadcast stations I number of activated channe able system carried televisior cast services	total number of activa ch the cable s	ated channels during the a	ccounting period.	6
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou		IS NEEDED (Identify an ir	dividual to whom	
for Further Information	Name	JOEL SMITH			Telephone	218.346.8270
	Address	150 2ND ST SW (Number, street, rural route, apar PERHAM, MN 56573 (City, town, state, zip)				
	Email	joel.smith@arv	vig.com		Fax (optional)	
O Certification	I, the undersigned     (Owned)     (Agentian in     X     (Offician in     I have examined)	(This statement of account med, hereby certify that (Check certor other than corporation or pertor other than corporation or pertor of owner other than corporation or pertor of and that the certor partner) I am an officer (line 1 of space B. If the statement of account and e, and correct to the best of myon 1001(1986)]	one, <i>but only one</i> , of the partnership) I am the of ation or partnership) owner is not a corporation or a partnership declare under y knowledge, information of the partnership declare under	e boxes.) owner of the cable system a l am the duly authorized ag- tion or partnership; or artner (if a partnership) of th penalty of law that all stater	s identified in line 1 of space E ent of the owner of the cable s ne legal entity identified as own nents of fact contained herein a in good faith.	3; or ystem as identified
		Typed or printer Title: (Title of		R. Arvig t/COO		
		Date:			FEBRUARY 28, 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 telephol 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 lav

unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
THERN CABLEVISION, INC.	628
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
	m
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	-
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme

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.