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

62944

STATEME		FOR COPYRIGHT	OFFICE USE ONLY	Beturn completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instruc	ms (Short Form) ctions are located of this workbook	02/07/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A Accounting Period	2018/2	BY THIS STATEMENT: (YYY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional - s	Period 2 = July 1 - December 31	
	Instructions:			
В	Give the full legal name of the owner of the of the subsidiary, not that of the parent co		ary of another corporation, give the full corp	porate title
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
		North Dakota Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 180 (Number, street, rural route, apartment, or suite number)
		Devils Lake, ND 58301 (City, town, state, zip)
		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	4	IDENTIFICATION OF CABLE SYSTEM:
	I	
		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 sufficiency of the fling, a determination that would be made by a court of law.

Return completed workbook

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	North Dakota Telephone Company	629
	Instructions: List each separate community served by the cable system. A "commun	
-	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	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 l	home parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Devils Lake	ND
Community	Toina	ND
	McVille-Pekin	ND
d Rows as Necessary	Harvey	ND
,	Leeds	ND
	New Rockford	ND
	Rugby	ND
	Knox	ND
	Minewaukan	ND
	Sheyenne	ND
	Drake	ND
	Penn	ND
	Crary	ND
	Maddock	ND
	Balta	ND
	Esmond	ND
	Fessenden	ND
	Cando	ND
	Starkweather	ND
	Webster	ND
	Hampden	ND
	Anamoose	ND
	Oberon	ND
	Fort Totten	ND
	York	ND
	Warwick	ND

							FORM SA1	
Name	LEGAL NAME OF OWNER OF C						515	ا TEM 629
	North Dakota Telephon	e Company						023
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIBERS AN	ID RATES				
Ε	In General: The information in s	-	-		•			
Secondary	system, that is, the retransmission about other services (including provide the services)							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Bot	•				-		
scribers and	down by categories of secondar	•	-	•	•			
Rates	each category by counting the n separately for the particular serv			•			s charged	
	Rate: Give the standard rate of						ge and the	
	unit in which it is generally billed				rd rate variation	s within a	particular rate	
	category, but do not include disc				andan transmi		as that ashla	
	Block 1: In the left-hand block systems most commonly provide	•		-	•			
	that applies to your system. Not							
	categories, that person or entity				0,	•		
	subscriber who pays extra for ca				d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system	0		()	service that are	e different f	from those	
	printed in block 1 (for example, t	-		•				
	with the number of subscribers a	and rates, in th	e right-hand block	. A two- or thre	e-word descript	ion of the s	service is	
	sufficient.	OCK 1				BLOCK	()	
		NO. OF				BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEP	RVICE	SUBSCRIBERS	RA
	Residential:							
	Service to first set		2,914 26	.95				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: F	ATES				
F	In General: Space F calls for ra							
Г	not covered in space E, that is, the							
Services	service for a single fee. There a furnished at cost or (2) services							
	amount of the charge and the u							
Other Than	amount of the charge and the u	III III WIIIGII II IS		ing rates are of	harged on a vari			
Secondary	enter only the letters "PP" in the	rate column.	·	-	-			
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra	rate column. te charged by t	he cable system	for each of the	applicable servi		were not	
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	rate column. te charged by t t your cable sy	he cable system stem furnished or	for each of the offered during	applicable servi the accounting	period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra	rate column. te charged by t t your cable sys separate charg	he cable system stem furnished or ge was made or e	for each of the offered during stablished. List	applicable servi the accounting	period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by t t your cable sy separate charg ption and includ	he cable system stem furnished or ge was made or e de the rate for eac	for each of the offered during stablished. List	applicable servi the accounting	period that	e form of a	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	he cable system stem furnished or ge was made or e de the rate for eac	for each of the offered during stablished. List ch.	applicable servi the accounting	period that vices in the		RA
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri	rate column. te charged by t t your cable system separate chargo ption and inclue BLOO	the cable system stem furnished or ge was made or e de the rate for eac CK 1	for each of the offered during stablished. List ch. SERVICE	applicable servi the accounting these other ser	period that vices in the	e form of a BLOCK 2	RA
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by t t your cable system separate chargo ption and inclue BLOO	the cable system stem furnished or ge was made or e de the rate for eac CK 1 CATEGORY OF	for each of the offered during stablished. List ch. SERVICE	applicable servi the accounting these other ser	period that vices in the	e form of a BLOCK 2	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	he cable system stem furnished or ge was made or e de the rate for ead CK 1 CATEGORY OF Installation: Not	for each of the offered during stablished. List ch. SERVICE	applicable servi the accounting these other ser	period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE	7.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	the cable system stem furnished or ge was made or e de the rate for eac CK 1 CATEGORY OF Installation: Nor • Motel, hotel	for each of the offered during stablished. List ch. SERVICE	applicable servi the accounting these other ser	period that vices in the CATEGO DVR	e form of a BLOCK 2 DRY OF SERVICE	RA ⁻ 7. 43. 94.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	the cable system stem furnished or ge was made or e de the rate for eac CK 1 CATEGORY OF Installation: Not • Motel, hotel • Commercial	for each of the offered during stablished. List ch. SERVICE n-residential	applicable servi the accounting these other ser	CATEGO DVR Limiteo	e form of a BLOCK 2 DRY OF SERVICE	7. 43.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	the cable system stem furnished or ge was made or e de the rate for eac CK 1 CATEGORY OF Installation: Not • Motel, hotel • Commercial • Pay cable	for each of the offered during stablished. List ch. SERVICE n-residential	applicable servi the accounting these other ser	CATEGO DVR Limiteo	e form of a BLOCK 2 DRY OF SERVICE	7. 43.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by t t your cable sy separate charg otion and includ BLO0 RATE 26.95	the cable system stem furnished or ge was made or e de the rate for eac CK 1 CATEGORY OF Installation: Nor • Motel, hotel • Commercial • Pay cable • Pay cable-ad	for each of the offered during stablished. List ch. <u>SERVICE</u> n-residential d'I channel n	applicable servi the accounting these other ser	CATEGO DVR Limiteo	e form of a BLOCK 2 DRY OF SERVICE	7. 43.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sy separate charg otion and includ BLO0 RATE 26.95	the cable system stem furnished or ge was made or e de the rate for eac CK 1 CATEGORY OF Installation: Not • Motel, hotel • Commercial • Pay cable • Pay cable-ad • Fire protectio	for each of the offered during stablished. List ch. <u>SERVICE</u> n-residential d'I channel n	applicable servi the accounting these other ser	CATEGO DVR Limiteo	e form of a BLOCK 2 DRY OF SERVICE	7. 43.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add"l channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by t t your cable sy separate charg otion and includ BLO0 RATE 26.95	he cable system stem furnished or ge was made or e de the rate for eac CK 1 CATEGORY OF Installation: Not • Motel, hotel • Commercial • Pay cable • Pay cable-ad • Fire protectio • Burglar prote	for each of the offered during stablished. List ch. <u>SERVICE</u> n-residential d'I channel n	applicable servi the accounting these other ser	CATEGO DVR Limiteo	e form of a BLOCK 2 DRY OF SERVICE	7. 43.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sy separate charg otion and includ BLO0 RATE 26.95	he cable system stem furnished or ge was made or e de the rate for ead CK 1 CATEGORY OF Installation: Not • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protectio • Burglar prote Other services:	for each of the offered during stablished. List ch. <u>SERVICE</u> n-residential d'I channel n	applicable servi the accounting these other ser RATE	CATEGO DVR Limiteo	e form of a BLOCK 2 DRY OF SERVICE	7. 43.
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sy separate charg otion and includ BLO0 RATE 26.95	he cable system stem furnished or ge was made or e de the rate for ead CK 1 CATEGORY OF Installation: Not • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-ad • Fire protectio • Burglar prote Other services: • Reconnect	for each of the offered during stablished. List ch. SERVICE n-residential d'I channel n ction	applicable servi the accounting these other ser RATE	CATEGO DVR Limiteo	e form of a BLOCK 2 DRY OF SERVICE	7. 43.

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	North Dakota Telepho			629
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: relevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station here 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	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination p d with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain si rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- ogram services such as HBO, ES air designation. For example, rep rision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form, he community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community er the air in its community a noncommercial pendent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	cw	2	E	FARGO, ND
	METV	3	Ν	FARGO, ND
ows as Necessary	KRDK	4	l	FARGO, ND
	WDAY	6	N	FARGO, ND
	KVLYDT2	7	N	FARGO, ND
	WDAZ	8	N	GRAND FORKS, ND
	KNRR	9	Ν	FARGO, ND
	кмот	10	N	MINOT, ND
	KVLYDT1	11	Ν	FARGO, ND
	KXND	12	N	MINOT, ND
	КХМС	13	N	MINOT, ND
	KMCY	14	Ν	MINOT, ND
	KMCY KGFE	14 15	N N	MINOT, ND GRAND FORKS, ND
	KGFE	15		GRAND FORKS, ND
	KGFE COZITV	15 404	N	GRAND FORKS, ND FARGO, ND
	KGFE COZITV WDAYZDT2	15 404 408	N 1 N	GRAND FORKS, ND FARGO, ND FARGO, ND
	KGFE COZITV WDAYZDT2 KVRRDT2	15 404 408 409	N I N N	GRAND FORKS, ND FARGO, ND FARGO, ND FARGO, ND
	KGFE COZITV WDAYZDT2 KVRRDT2 KGFEDT2	15 404 408 409 415	N I N N E	GRAND FORKS, ND FARGO, ND FARGO, ND FARGO, ND GRAND FORKS, ND
	KGFE COZITV WDAYZDT2 KVRRDT2 KGFEDT2 KGFEDT3	15 404 408 409 415 416	N I N N E	GRAND FORKS, ND FARGO, ND FARGO, ND FARGO, ND GRAND FORKS, ND GRAND FORKS, ND
	KGFE COZITV WDAYZDT2 KVRRDT2 KGFEDT2 KGFEDT3	15 404 408 409 415 416	N I N N E	GRAND FORKS, ND FARGO, ND FARGO, ND FARGO, ND GRAND FORKS, ND GRAND FORKS, ND
	KGFE COZITV WDAYZDT2 KVRRDT2 KGFEDT2 KGFEDT3	15 404 408 409 415 416	N I N N E	GRAND FORKS, ND FARGO, ND FARGO, ND FARGO, ND GRAND FORKS, ND GRAND FORKS, ND

North Dakot	a Telephon	ne Com	ipany					SYSTEM 629
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
/lexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Peric	od: 2018/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	North Dakota Telepho	ne Comp	any					62944
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	-	-			tion that vo	ur cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	×NO
	Note: If your answer is "No	" leave the	rest of this na	aa blank If your answer i		must compl	-	
	2	, leave life	rescortins pa	age blatik. Il your allower i	s res, your	nusi compi	ete tile proj	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if th	neir meanin	a is
	clear. If you need more spa				e mierer p			9.0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example. "I	Love Lucv"	or
	"NBA Basketball: 76ers vs.			1 1 3	,	1 /	,	
	Column 2: If the program	m was broa	dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog the community to which th		concod by	ho ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	ned by a system norm 0.0	i. io p.iii. to c	.20.30 p.m	. Should be	
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for prograr effect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regula	ations in	
		•						
	s	UBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2018/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
	North Dakota Telephone Company			62944
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipt	n's secondary transm how to compute this a	ission service amount, see \$4	
	COPYRIGHT ROYALTY FEE			
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform 	ess than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you must pay for	this 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 lines 1	and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	out more than \$137,1	00)	
	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	· · · · · · <u>· · · · · · · · · · · · · </u>		
	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	472,837.75		
	2. Base amount under statutory formula\$	263,800.00	-	
	3. Subtract line 2 from line 1 \$	209,037.75	_	
	4. Multiply line 3 by .01	\$	2,090.38	
	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, a	nd 6	\$	3,409.38
	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)	\$	3,409.38	
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		\$	3,429.38
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 fo			ghts!

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Telephone Company				SYSTEM ID# 62944
M Channels	to its subscriber 1. Enter the tota system carried	s, and (2) the cable system's t al number of channels on whic	total numbe	on which the cable system carried tele or of activated channels during the acco		19
	on which the c	cable system carried television	n broadcast			415
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of account		RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name	SHAWNA SENGER			Telephone	701-662-1100
	Address 	211 22ND ST NW (Number, street, rural route, apart DEVILS LAKE, ND 5 (City, town, state, zip)	8301			
	Email	SHAWNAS@N	NDTEL.CO	M	Fax (optional) 701-662-6446	
O Certification	I, the undersign (Own (Ager in X (Offic in · I have examine	ned, hereby certify that (Check of er other than corporation or p nt of owner other than corpor line 1 of space B and that the of cer or partner) I am an officer line 1 of space B. ed the statement of account and te, and correct to the best of m	one, but only partnership ration or pa owner is nor (if a corpora d hereby dea	ified and signed in accordance with Co y one, of the boxes.) b) I am the owner of the cable system as rtnership) I am the duly authorized age t a corporation or partnership; or stion) or a partner (if a partnership) of the clare under penalty of law that all statem e, information, and belief, and are made	identified in line 1 of space E nt of the owner of the cable s e legal entity identified as own ents of fact contained herein	ystem as identified ner of the cable system
		Typed or printer Title:	Enter an e Enter sign ed name: Chief F	/s/ Shawna Senger lectronic signature on the line above to ce ature using an "/s/ signature" (e.g., /s/ Jol Shawna Senger Financial Officer		
		(Title of c Date:	official positior	held in corporation or partnership)	2/7/2019	

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 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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
th Dakota Telephone Company	6294
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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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 Assessmen
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