This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
02/01/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1								
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		20182 Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
	1								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		ATV Holdings, LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		Mitchell Telecom							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		1801 N Main St. Suite 25 (Number, street, rural route, apartment, or suite number)							
		Mitchell SD 57301 (City, town, state, zip)							
	<u> </u>	(City, town, state, zip)							
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:							
	1								
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period		FORM SA1-2E. PAGE 1b							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	ATV Holdings, LLC	63673							
	Instructions: List each separate community served by the cable system. A "communi								
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete 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.	t will serve as a form of system identification hereafter known							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
Served	identified city.								
	CITY OR TOWN	STATE							
First	Mitchell	SD							
Community									
Add Rows as Necessary									
,									

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

ATV Holdings, LLC

8YSTEM ID# 63673

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2				
0.475,000,000,050,050,405	NO. OF	5.475	0.4750000/.05.0500//.05	NO. OF	5.75	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	1,642	65.95	Basic TV - Residential	324	55.95	
 Service to additional set(s) 	190	5.00	Basic TV - Business	108	55.95	
 FM radio (if separate rate) 			Bulk TV	15	#####	
Motel, hotel	2	373.20	Addl Set - Business	25	5.00	
Commercial	60	65.95	HD/DVR Set	330	14.00	
Converter			Upgrade HD/DVR Set	1,568	9.00	
Residential			HD/DVR Set - Res	249	10.00	
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	16.95	Motel, hotel	60.00	Pay per view	PP
 Pay cable—add'l channel 	16.95	Commercial	60.00	Account Initiation	15.00
 Fire protection 		• Pay cable	60.00		
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	60.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		• Reconnect	35.00		
Converter		Disconnect			
		 Outlet relocation 	100 per hour		
		Move to new address	50.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVISION

SYSTEM ID# 63673

ATV Holdings, LLC

PRIMARY TRANSMITTERS:

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTTW - DT1	17.1	N	Sioux Falls, SD
KTTW - DT2	17.2	N-M	Sioux Falls, SD
KTTW - DT3	17.3	N	Sioux Falls, SD
KTTW - DT4	17.4	N-M	Sioux Falls, SD
KELO - DT1	11.1	N	Sioux Falls, SD
KELO - DT2	11.2	N-M	Sioux Falls, SD
KELO - DT3	11.3	N-M	Sioux Falls, SD
KELO - DT4	11.4	N	Sioux Falls, SD
KELO - DT5	11.5	N-M	Sioux Falls, SD
KCSD - DT1	23.1	E	Sioux Falls, SD
KCSD - DT2	23.2	E-M	Sioux Falls, SD
KCSD - DT3	23.3	E-M	Sioux Falls, SD
KCSD - DT4	23.4	E	Sioux Falls, SD
KSFY - DT1	13.1	N	Sioux Falls, SD
KSFY - DT2	13.2	N-M	Sioux Falls, SD
KSFY - DT3	13.3	N	Sioux Falls, SD
KSFY - DT4	13.4	N-M	Sioux Falls, SD
KSFY - DT5	13.5	N-M	Sioux Falls, SD
KDLT - DT1	46.1	N	Sioux Falls, SD
KDLT - DT2	46.2	N	Sioux Falls, SD
KDLT - DT3	46.3	N-M	Sioux Falls, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ATV Holdings, LLC

63673

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0411 010::	l	0/0		T 0411 01011	l	0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 					
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: 2018/2 EGAL NAME OF OWNER OF ATV Holdings, LLC	CABLE SYS	TEM:				1 OKI	SYSTEM ID#
_							63673
n General: In space I, identiubstitute basis during the a xplanation of the programm. SPECIAL STATEMENT During the accounting per roadcast by a distant state lote: If your answer is "No og in block 2. LOG OF SUBSTITUTE of General: List each substitute. If you need more space Column 1: Give the title eriod, was broadcast by a nder certain FCC rules, reconot use general categor NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broadcast of Mexican or Can Column 5: Give the mor rest. Example: for May 7 gives the call column 6: State the time of the nearest five minutes. Itated as "6:00–6:30 p.m." Column 7: Enter the letter of delete under FCC rules a	ify every noicecounting pring that multiple for the field of the field	eriod, under sp st be included in RNING SUBS ur cable system rest of this pa AMS am on a separ add additional onnetwork tele- tion and that y or authorization broadcon's location (tons, if any, the when your sy e substitute pro- a program care is listed program ions in effect d	ision program, broadcast by secific present and former Frin this log, see page (v) of the secific present and former Frin this log, see page (v) of the second program (v) of the general program (v) of the stem carried the substitute or carried the substitute or gram was carried by your ried by a system from 6:01 or was substituted for program was substituted for program in the accounting period program was substituted for program the accounting period program was substituted for progra	a distant state CC rules, regne general insumers, any nonressis, and a program") the ed for the program titles, for each station is like a station is like a station is like a program. Using the companion of th	ulations, or a structions in the structions for furtile structions for furtile example, "I be seen seed by the struction of the struction	authorization the paper S evision programmer sets the programmer meaning the account of another sher informations. So, with the number sets accurate should be maked to the programmer should be should	ns. For a further A1-2 form. Tam X NO Tram g is station tion. or in nonth ately
was substituted for programming that your system was permitted to delete und effect on October 19, 1976. SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON			
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -		
nux . [or le og. ne or	General: In space I, identiubstitute basis during the a collarion of the programm. SPECIAL STATEMENT During the accounting per roadcast by a distant state ote: If your answer is "No g in block 2. LOG OF SUBSTITUTE General: List each substear. If you need more space. If you need more space. If you need more space Column 1: Give the title eriod, was broadcast by ander certain FCC rules, reto not use general categor BBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broader case of Mexican or Can Column 5: Give the more st. Example: for May 7 gives Column 6: State the time of the nearest five minutes. The state of the call delete under FCC rules are as substituted for program fect on October 19, 1976.	General: In space I, identify every noubstitute basis during the accounting perpendicular to the programming that mure. SPECIAL STATEMENT CONCERDURING the accounting period, did you readcast by a distant station? ote: If your answer is "No", leave the gin block 2. LOG OF SUBSTITUTE PROGRATED and the statement of the title of every not ear. If you need more space, please Column 1: Give the title of every not eriod, was broadcast by a distant statement of the title of every not end to the en	General: In space I, identify every nonnetwork televiubstitute basis during the accounting period, under special particles and the programming that must be included. SPECIAL STATEMENT CONCERNING SUBS During the accounting period, did your cable system roadcast by a distant station? ote: If your answer is "No", leave the rest of this page in block 2. LOG OF SUBSTITUTE PROGRAMS General: List each substitute program on a separater. If you need more space, please add additional Column 1: Give the title of every nonnetwork televiod, was broadcast by a distant station and that yender certain FCC rules, regulations, or authorization on the use general categories like "movies" or "bask alba Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, entered Column 3: Give the call sign of the station broadch column 4: Give the broadcast station's location (to be case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systst. Example: for May 7 give "5/7." Column 6: State the times when the substitute properated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program delete under FCC rules and regulations in effect das substituted for programming that your system we feet on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	General: In space I, identify every nonnetwork television program, broadcast by abstitute basis during the accounting period, under specific present and former F eplanation of the programming that must be included in this log, see page (v) of the special state of the programming that must be included in this log, see page (v) of the special state of the programming that must be included in this log, see page (v) of the special state of the programming that must be included in this log, see page (v) of the special state of the program of the	Abstitute basis during the accounting period, under specific present and former FCC rules, regularition of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance of the program of the general instance of the general instanc	General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or opplanation of the programming that must be included in this log, see page (v) of the general instructions in SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televoadcast by a distant station? othe: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complig in block 2. LOG OF SUBSTITUTE PROGRAMS General: List each substitute program on a separate line. Use abbreviations wherever possible, if the ear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during reind, was broadcast by a distant station and that your cable system substituted for the programming order certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furt on out use general categories like "movies" or "basketball." List specific program titles, for example, "I BAB Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numeralist. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the then earest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. Column 7: Enter the letter "R" if the listed program was substituted for p	General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable systestitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization (planation of the programming that must be included in this log, see page (v) of the general instructions in the paper S. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progradcast by a distant station? Ote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program in block 2. LOG OF SUBSTITUTE PROGRAMS General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning ear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account end, was broadcast by a distant station and that your cable system substituted for the programming of anothers ander certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information on to use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" table Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the nist. Example: for May 7 give "517." Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the nist. Example: for May 7 give "517." Column 6: State the times when the substitute program was carried by your cable system. List the times accurate the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be ated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if t

Accounting Period:	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ATV Holdings, LLC 63673
K Gross Receipts	GROSS RECEIPTS Instructions: I ne ligure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space –) during the accounting period. For a further explanation or now to compute this amount, page (vii) or the general instructions located in the paper SA1-2 for Gross receipts from subscribers for secondary transmission service; during the accounting period. \$ 481,692.79 [MPORTANT: You must complete a statement in space P concerning gross receipt
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete DIOCK 1, DIOCK 2 OF DIOCK 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or le: Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,8 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6 See page (vi) of the general instructions located in the paper SA1-2 form for more informati
	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 this six-monl accounting period is \$52.u
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD . Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	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
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 3,497.93
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Remittance 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
	Copyrights! See page i of the general instructions in the paper SA1-2 form for more information.

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
Name	ATV Holdings, LLC		63673
			00070
	CHANNELS		
M	Instructions You must give (1) the number of channels on which the cable	system carried television broadcast stations	
Channela	to its subscribers, and (2) the cable system's total number of activated characteristics.	annels during the accounting period.	
Channels		i	
	Enter the total number of channels on which the cable system carried television broadcast stations		21
	system carried television broadcast stations		
	Enter the total number of activated channels		
	on which the cable system carried television broadcast stations		
	and nonbroadcast services		241
	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEE	DED/Identify an individual to whom	
N	we can contact about this statement of account.)	DED(Identity an inclined at to whom	
Individual to	no can contact about the statement of account.		
Be Contacted			
for Further	Name Stacy Buckley	Telephone	605-990-1105
Information			
	Address 1801 N. Main St. Suite 25		
	(Number, street, rural route, apartment, or suite number)	
	Mitchell SD 57301		
	(City, town, state, zip)		
	Email stacy@mitchelltelecom.com	Fax (optional) 605-990-103	10
	CERTIFICATION (This statement of account must be certified and signed in	accordance with Copyright Office regi	
0			
Certification	• I, the undersigned, hereby certify that (Check cbut only on, of the boxes		
	(Owner other than corporation or partnershap) the owner of	he cable system as identified in line 1 of space	ce B; or
	(Agent of owner other than corporation or partnership) he do		system as identified
	in line 1 of space B and that the owner is not a corporation	or partnership; or	
	(Officer or partner) am an officer (if a corporation) or a partner	(if a 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 per	alty of law that all statements of fact containe	ed herein
	are true, complete, and correct to the best of my knowledge, information,	and belief, and are made in good faith.	
	[18 U.S.C., Section 1001(1986)]		
	X /s/ Scott Pe	per	
			1
	Enter an electronic signature o	on the line above to certify this statement.	
		ignature" (e.g., /s/ John Smith)	
	Typed or printed nam Scott Pepe		
	Typed or printed nam Scott Pepe		
	Title: General Manager		
	(Title of official position held in corp	oration or partnership)	
	Date:	1/29/2019	

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 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 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 pli completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a c

U.S. Copyright Office

Accounting Period: 2018/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ATV Holdings, LLC	63673
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."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 \$	
(interest charge)	
* 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.	
Owner	
Address	
ID number First community served Accounting period	

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 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.