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	HT OFFICE USE ONLY	Beturn completed workboo 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	8/20/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
·			

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
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	
		Midcontinent Communications	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 5040 (Number, street, rural route, apartment, or suite number)	
		Sioux Falls, SD 57117-5040 (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:	
		Alma, WI MAILING ADDRESS OF CABLE SYSTEM:	
		PO Box 5040	
	2	(Number, street, rural route, apartment, or suite number)	
		Sioux Falls, SD 57117-5040 (City, town, state, zip code)	
L			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Midcontinent Communications	25469
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Alma	WI
Community	Nelson	WI
	Pepin	WI
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM							1-2E. PAG
Name	Midcontinent Communi								2546
		calions							
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv							cnarged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed					d rate variations	within a p	articular rate	
	category, but do not include disc					andors transmiss	ion oonio	a that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note	: Where an inc	dividual	or organizatio	n is receivii	ng service that fa	alls under	different	
	categories, that person or entity	should be cour	nted as a	a subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca					in the count und	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.	2014 4					DI OOI	(a	
	BLO	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:				. .	•			
	Service to first set		109	22.95		ss Accounts		11	22
	Service to additional set(s)					ef Converter		16	16
	• FM radio (if separate rate)				Nursing	g Homes		32	11.
	Motel, hotel		40	70.05					
	Commercial		19	72.95					
	Converter		114	3.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	e (not subscrib	er) infor	mation with re	espect to all	l your cable syst	em's servi	ces that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0,		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	BLOO RATE		ORY OF SEF	RVICE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG	ORY OF SER		RATE	CATEG		RA
		RATE	CATEG			RATE 50.00	CATEGO Digital	ORY OF SERVICE	
	Continuing Services:	RATE	CATEC Installa • Mot	tion: Non-res				DRY OF SERVICE	RA1
	Continuing Services: • Pay cable	RATE	CATEG Installa • Mot • Cor	ttion: Non-res		50.00	Digital Cinema Showti	DRY OF SERVICE 1 ax me	10. 16. 16.
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mot • Cor • Pay • Pay	ttion: Non-res el, hotel nmercial r cable r cable-add'l cl	sidential	50.00	Digital Cinema Showti Starz!8	DRY OF SERVICE 1 ax me Encore	10. 16. 16. 16.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEC Installa • Mot • Cor • Pay • Pay • Fire	tion: Non-res el, hotel nmercial r cable r cable-add'l cl protection	sidential hannel	50.00	Digital Cinema Showti Starz!8	DRY OF SERVICE 1 ax me	10. 16. 16.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 16.00 50.00	CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protectior	sidential hannel	50.00	Digital Cinema Showti Starz!8	DRY OF SERVICE 1 ax me Encore	10. 16. 16. 16.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 16.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other •	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protectior services:	sidential hannel	50.00	Digital Cinema Showti Starz!8	DRY OF SERVICE 1 ax me Encore	10. 16. 16. 16.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 16.00 50.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services: connect	sidential hannel	50.00	Digital Cinema Showti Starz!8	DRY OF SERVICE 1 ax me Encore	10. 16. 16. 16.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 16.00 50.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services: connect connect	sidential hannel	50.00	Digital Cinema Showti Starz!8	DRY OF SERVICE 1 ax me Encore	10. 16. 16. 16.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 16.00 50.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Diss • Out	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services: connect	sidential hannel	50.00	Digital Cinema Showti Starz!8	DRY OF SERVICE 1 ax me Encore	10. 16. 16. 16.

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Midcontinent Commu	inications		254
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syste FCC rules and regulations	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part- ne carriage of certain network progr	-time basis under rams [sections
smitters:	substitute program basis, a	s explained in the next paragraph.		
levision	basis under specific FCC ru	: With respect to any distant stations calles, regulations, or authorizations:		
	 Do not list the station her station was carried only on 	e in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program	Log)—if the
		also in space I, if the station was carrie on concerning substitute basis stations,		
	Column 1: List each station multicast stream associated "WETA-2" as the same on	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	program services such as HBO, ES e-air designation. For example, rep	SPN, etc. Identify each port multistream
		RC is channel 4 in Washington, D.C. case whether the station is a network	station an independent station, or	a poncommercial
	educational station, by enter	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indep	pendent), "I-M"
	For the meaning of these te	"E" (for noncommercial educational), or erms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	
	Column 4: Give the location	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the statior	
	FOO. FOI MICRICART OF CARL	uldit stations, ir any, give the name of t	ine community with which the state	IIIs lucitaneu.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
vs as Necessary	KSTC-DT	45	I	MINNEAPOLIS, MN (IND-45)
	KSTC-DT3	45.3	I-M	MINNEAPOLIS, MN (ME TV)
	KSTP-DT	35	N	ST PAUL, MN (ABC)
	KTCA-DT4	34.4	E-M	ST PAUL , MN (PBS TPT NOW HD)
	KTTC-DT	10	N	ROCHESTER, MN (NBC)
	KTTC-DT	10	N	ROCHESTER, MN (NBC)
	КТТС-ДТ	10	N	ROCHESTER, MN (NBC)
	WCCO-DT	32	N N I	MINNEAPOLIS, MN (CBS)
	WCCO-DT WFTC-DT	32 29	N	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT)
	WCCO-DT	32 29 15	N 1 E	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS)
	WCCO-DT WFTC-DT WHLA-DT WHLA-DT2	32 29 15 15.2	N I E E-M	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT)
	WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT	32 29 15 15.2 8	N I E E-M N	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT) LA CROSSE, WI (CBS)
	WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WXOW-DT	32 29 15 15.2 8 19.1	N I E E-M N N	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT) LA CROSSE, WI (CBS) LA CROSSE, WI (ABC)
	WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WXOW-DT WXOW-DT2	32 29 15 15.2 8 19.1 19.2	N I E E-M N N I-M	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT) LA CROSSE, WI (CBS) LA CROSSE, WI (ABC) LA CROSSE, WI (CW)
	WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WXOW-DT WXOW-DT2 WXOW-DT2 WXOW-DT3	32 29 15 15.2 8 19.1 19.2 19.3	N I E E-M N N I-M I-M	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT) LA CROSSE, WI (CBS) LA CROSSE, WI (ABC) LA CROSSE, WI (ABC) LA CROSSE, WI (CW) LA CROSSE, WI (DECADES)
	WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WXOW-DT WXOW-DT2 WXOW-DT3 WXOW-DT4	32 29 15 15.2 8 19.1 19.2 19.3 19.4	N I E E-M N N N I-M I-M I-M	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT) LA CROSSE, WI (CBS) LA CROSSE, WI (CBS) LA CROSSE, WI (CW) LA CROSSE, WI (CW) LA CROSSE, WI (Court TV)
	WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WXOW-DT WXOW-DT2 WXOW-DT2 WXOW-DT3 WXOW-DT4 WXOW-DT5	32 29 15 15.2 8 19.1 19.2 19.3 19.4 19.5	N I E E-M N N I-M I-M I-M I-M	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT) LA CROSSE, WI (CBS) LA CROSSE, WI (CBS) LA CROSSE, WI (ABC) LA CROSSE, WI (ABC) LA CROSSE, WI (CW) LA CROSSE, WI (CW) LA CROSSE, WI (DECADES) LA CROSSE, WI (DECADES)
	WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WXOW-DT WXOW-DT2 WXOW-DT3 WXOW-DT4	32 29 15 15.2 8 19.1 19.2 19.3 19.4	N I E E-M N N N I-M I-M I-M	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT) LA CROSSE, WI (CBS) LA CROSSE, WI (CBS) LA CROSSE, WI (CW) LA CROSSE, WI (CW) LA CROSSE, WI (Court TV)
	WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WXOW-DT WXOW-DT2 WXOW-DT2 WXOW-DT3 WXOW-DT4 WXOW-DT5	32 29 15 15.2 8 19.1 19.2 19.3 19.4 19.5	N I E E-M N N I-M I-M I-M I-M	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT) LA CROSSE, WI (CBS) LA CROSSE, WI (CBS) LA CROSSE, WI (ABC) LA CROSSE, WI (ABC) LA CROSSE, WI (CW) LA CROSSE, WI (DECADES) LA CROSSE, WI (DECADES) LA CROSSE, WI (Justice)
	WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WXOW-DT WXOW-DT2 WXOW-DT2 WXOW-DT3 WXOW-DT4 WXOW-DT5	32 29 15 15.2 8 19.1 19.2 19.3 19.4 19.5	N I E E-M N N I-M I-M I-M I-M	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT) LA CROSSE, WI (CBS) LA CROSSE, WI (CBS) LA CROSSE, WI (ABC) LA CROSSE, WI (ABC) LA CROSSE, WI (CW) LA CROSSE, WI (DECADES) LA CROSSE, WI (DECADES) LA CROSSE, WI (Justice)
	WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WXOW-DT WXOW-DT2 WXOW-DT2 WXOW-DT3 WXOW-DT4 WXOW-DT5	32 29 15 15.2 8 19.1 19.2 19.3 19.4 19.5	N I E E-M N N I-M I-M I-M I-M	MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT) LA CROSSE, WI (CBS) LA CROSSE, WI (CBS) LA CROSSE, WI (ABC) LA CROSSE, WI (ABC) LA CROSSE, WI (CW) LA CROSSE, WI (CW) LA CROSSE, WI (DECADES) LA CROSSE, WI (DECADES)

Accounting Period:	2019/1			FORM SA1-2E. PAGE 3
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Midcontinent Commur	nications		25469
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, excep	translator stations and low power tele t (1) stations carried only on a part-tim be carriage of certain petwork program	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF	(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c es, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrien concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	he carriage of certain network program 61(e)(2) and (4))]; and (2) certain statio arried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also of , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over th	bins carried on a titute program bg)—if the on some other ns. I, etc. Identify each multistream e air in its community
	educational station, by enteri (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi	ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instru- of each station. For U.S. stations, lis ian stations, if any, give the name of t	station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	dent), "I-M" al multicast). licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM I
Aidcontinen	it Commun	ication	5					254
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein to the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under 0 tem 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 the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-				0 / D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio						FC	DRM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Midcontinent Commu	nications					25469
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LO	G		
I	In General: In space I, ident substitute basis during the a						
Substitute	explanation of the programm	ning that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper SA	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBS	TITUTE CARRIAGE			
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television progr	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	". leave the	rest of this pac	e blank. If vour answer is '	'Yes." vou mu	ist complete the prog	
	log in block 2.	,	· · · · · · · · · · · · · · · · · · ·	,	····, j·····	···· · ···· ···· ··· ··· ··· ··· ··· ·	
	2. LOG OF SUBSTITUTI	E PROGRA	MS				
	In General: List each subs	titute progra	im on a separa		wherever pos	sible, if their meaning	is
	clear. If you need more spa				orogram") the	t during the appounti	22
	period, was broadcast by a			ision program ("substitute p ur cable system substitute			
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informat	ion.
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" o	or
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	lo "		
				isting the substitute progra			
				ne community to which the			n
	the case of Mexican or Car			community with which the steep the steep the second s			onth
	first. Example: for May 7 giv		when you sys		Jogram. Use		onun
	Column 6: State the time	es when the		gram was carried by your o			tely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	listed program	was substituted for progra	mming that v	our system was requ	ired
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
			E PROGRAM	1		N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
]					

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Midcontinent Communications		25469
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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	e , 402.07
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	(,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		hts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 25469
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels	17
	on which the cable system carried television broadcast stations and nonbroadcast services .	330
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Wynne Haakenstad Telephone	952-844-2622
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435 (City, town, state, zip)	
	Email wynne.haakenstad@midco.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 	
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Wynne Haakenstad Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Wynne Haakenstad	
	Title: Director of Programming (Title of official position held in corporation or partnership)	
	Date: 08/08/19	

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

ounting Period: 2019/1		
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
continent Communications		254
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigh lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syst scribers and amounts collected from subscribers receiving secondary transmissions put For more information on when to exclude these amounts, see the note on page (vii) of the gene located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for set.	e system for the basic tem shall not include sub- rsuant to section 119." eral instructions	P Special Statemer Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?		
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late pa For an explanation of interest assessment, see page (viii) of the general instructions located in		Q
		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form.	Q Interest Assessme
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