This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	8/9/19	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	27469
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Runestone Telephone Assn	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Runestone Telecom Association	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 336 (Number, street, rural route, apartment, or suite number)	
		Hoffman MN 56339 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	inless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Runestone Telephone Assn	274
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single I list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the
Served	identified city.	
		STATE
First	Barrett	MN
Community	Cyrus	MN
	Donnelly	MN
d Rows as Necessary	Hoffman	MN
	Kensington	MN
	Lowry	MN
	Norcross	MN
	Tintah	MN
	Wendell	MN
	Elbow Lake	MN
	Herman	MN

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	TEM ID	
Name	Runestone Telephone A	ssn						2746	
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the misseparately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted of	SERVICE: SU pace E should on on of television a vay cable) in space (June 30 or De blocks in space y transmission s umber of billing: ice at the rate in harged for each (Example: "\$2 counts allowed for in space E, the to their subscr Where an ind should be coun ble service to a	cover all categories of and radio broadcasts ace F, not here. All the ceember 31, as the ca e E call for the numb service. In general, you is in that category (the ndicated—not the num in category of service. 0/mth"). Summarize a or advance payment. form lists the categor ibers. Give the numb lividual or organization ted as a subscriber in dditional sets would	f secondary by your sys e facts you ase may be er of subsci- bu can comp e number of mber of sets Include bot any standar vries of secc- er of subsci- n is receivir n each appli be included	stem to subscrib state must be th). ribers to the cab pute the number persons or orga s receiving servic h the amount of d rate variations undary transmiss ribers and rate for g service that fa cable category.	ers. Give inf nose existing le system, bu of subscribe anizations ch ce). the charge a within a par sion service t or each listed alls under dif Example: a	ormation on the roken ers in arged and the ticular rate hat cable d category ferent residential		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	has rate catego iers of services	ries for secondary tra that include one or m	ansmission s nore second	ary transmissio	ns), list them	, together /ice is		
-	BLC	NO. OF				BLOCK 2	NO. OF). OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:			Durada	4				
	Service to first set			Broadc	ast		226	29.	
	 Service to additional set(s) FM radio (if separate rate) 			Basic Choice			<u>925</u> 2	70. 8.	
	Motel, hotel			Works			22	113.7	
	Commercial			WOI N3			<i>LL</i>	113.1	
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC			: s					
F Services Other Than Secondary ransmissions: Rates	In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	hose services the two exception or facilities furni it in which it is u rate column. the charged by the your cable system	hat are not offered in has: you do not need to ished to nonsubscrib- usually billed. If any r he cable system for e tem furnished or offe	combination o give rate in ers. Rate int ates are cha ach of the a red during th	n with any secon nformation conc formation should arged on a varia pplicable service	ndary transm erning (1) se I include boti ble per-prog es listed. eriod that we	ission rvices n the ram basis, re not		
	listed in block 1 and for which a s brief (two- or three-word) descrip			lisned. List t	hese other serv	ices in the fo			
		otion and include	e the rate for each.	lisned. List t	hese other serv	ices in the fo	BLOCK 2		
		otion and include BLOC	e the rate for each.		hese other serv		BLOCK 2	RAT	
	brief (two- or three-word) descrip	btion and include BLOC RATE	e the rate for each. CK 1	RVICE				RAT	
	CATEGORY OF SERVICE Continuing Services: • Pay cable	btion and include BLOC RATE	e the rate for each. CK 1 CATEGORY OF SEF	RVICE		CATEGOR		RAT	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	btion and include BLOC RATE	e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial	RVICE		CATEGOR HBO Cinemax	Y OF SERVICE	15.9 7.9	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	btion and include BLOC RATE	e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re • Motel, hotel • Commercial • Pay cable	RVICE sidential		CATEGOR HBO Cinemax HBO/MA	Y OF SERVICE	15.9 7.9 23.9	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	btion and include BLOC RATE	e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re: • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c	RVICE sidential		CATEGOR HBO Cinemax	Y OF SERVICE		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC	e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c • Fire protection	RVICE sidential		CATEGOR HBO Cinemax HBO/MA	Y OF SERVICE	15. 7. 23.	
	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	BLOC RATE 35.00	e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protection	RVICE sidential		CATEGOR HBO Cinemax HBO/MA	Y OF SERVICE	15. 7. 23.	
	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)	BLOC RATE 35.00	e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re- • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protection Other services:	RVICE sidential	RATE	CATEGOR HBO Cinemax HBO/MA	Y OF SERVICE	15. 7. 23.	
	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) • FM radio (if separate rate)	BLOC RATE 35.00	e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re- • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protection Other services: • Reconnect	RVICE sidential		CATEGOR HBO Cinemax HBO/MA	Y OF SERVICE	15. 7. 23.	
	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)	BLOC RATE 35.00	e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-re- • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protection Other services:	RVICE sidential	RATE	CATEGOR HBO Cinemax HBO/MA	Y OF SERVICE	15. 7. 23.	

				0.407514154
ame	LEGAL NAME OF OWNER OF			SYSTEM ID# 27469
	Runestone Telephon			£1 TU3
G mary mitters: vision	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 r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- pr "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFTC	4	1	Minneapolis MN
	KSTP-TV	5	Ν	St Paul MN
3 Necessary	KSTP-TV WCCO-TV	5	N N	
lecessary				St Paul MN
Necessary	WCCO-TV	7		St Paul MN Minneapolis MN
Vecessary	WCCO-TV KMSP-TV	7 9	N I	St Paul MN Minneapolis MN Minneapolis MN
Necessary	WCCO-TV KMSP-TV KWCM-TV	7 9 10	N I E	St Paul MN Minneapolis MN Minneapolis MN Appleton MN
Necessary	WCCO-TV KMSP-TV KWCM-TV KARE	7 9 10 11	N I E	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN
Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
s Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
s Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
as Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
as Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
as Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
as Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
as Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
as Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
as Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
as Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
as Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
as Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN
as Necessary	WCCO-TV KMSP-TV KWCM-TV KARE KSTC-TV	7 9 10 11 12	N I E N I	St Paul MN Minneapolis MN Minneapolis MN Appleton MN Minneapolis MN Minneapolis MN

LEGAL NAME O	OWNER OF C	ABLE SY	/STEM:					SYSTEM I
Runestone ⁻	Felephone	Assn						274
-								
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein t the Co sign of the he static ion's sig g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a wed 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 licent	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KJJK	FM		Fergus Falls MN					
						h	ł	

Accounting Perio	od: 2019/1						FORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Runestone Telephone	Assn					27469
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	G		
I	In General: In space I, identi substitute basis during the a	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regula	ations, or authorizat	ions. For a further
Substitute	explanation of the programm				e general instru	uctions in the paper	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	 During the accounting per 	•	r cable system	carry, on a substitute basi	s, any nonnet	work television pro	
Program Log	broadcast by a distant sta	tion?				YE	s x NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the pro	ogram
	log in block 2.						
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their meani	ng is
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	program") that	t during the accou	ntina
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further inform	nation.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love Lucy	" or
			lcast live, ente	r "Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.		
	Column 4: Give the broat the case of Mexican or Can			e community to which the			r, in
				tem carried the substitute p			month
	first. Example: for May 7 giv	/e "5/7."			-		
				gram was carried by your o			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. should b	9
		er "R" if the	listed program	was substituted for progra	mming that y	our system was re	quired
	to delete under FCC rules a						orogram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulations in	
							
	s	UBSTITUT	E PROGRAM	I		N SUBSTITUTE) 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	DELETION
		103 01 110	ONEE OIGH	4. 01/110/10 200/110/1			
1							

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	Runestone Telephone Assn	27469
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmise (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service
	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 less than or equal to \$20 • 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	nis 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 (but more than \$137,10	
	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	
	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 \$527,6	600)
	1. Enter the amount of gross receipts from space K \$ 433,662.93	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,698.63
	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	\$ 3,017.63
	FILING FEE AND TOTAL REMITTANCE DUE	· · · · · · · · · · · · · · · · · · ·
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,017.63
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	\$ 3,037.63
	EFT Trace # or TRANSACTION ID # 26JCUGB6	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the second s	

Accounting Period:	2019/1							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Runestone Te	OWNER OF CABLE SYSTEM: Iephone Assn						SYSTEM ID# 27469
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the comparison of the tota	You must give (1) the number of rs, and (2) the cable system's to al number of channels on which d television broadcast stations . al number of activated channels cable system carried television b cast services	otal numbo the cable broadcast	et stations	channels during the	accounting period		<u>8</u> 65
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		RMATION IS N	EEDED (Identify an	individual to whon	n	
for Further Information	Name	Jeanne Meidl					Telephone	320-986-2013
	Address	PO Box 336 (Number, street, rural route, apartn						
		(Rumber, street, rura roue, aparti Hoffman MN 56339 (City, town, state, zip)	nent, or suit					
	Email	jeanne@runesto	one.net			Fax (optional	320-986-205	0
O Certification	I, the undersign (Own (Ager in X (Offic in in I have examine	Typed or printed Title:	artnership artnership tion or pai wher is not a corpora tereby dec knowledge X Enter an e Enter sign name: Office	y one, of the box b) I am the owne ortnership) I am it a corporation of ation) or a partne clare under pena e, information, an /s/Jeanne I electronic signati	kes.) r of the cable system the duly authorized a r partnership; or r (if a partnership) of lty of law that all stat nd belief, and are ma Meidl ure on the line above /s/ signature" (e.g., /	as identified in line agent of the owner of the legal entity iden ements of fact contr ide in good faith.	1 of space B of the cable sy ntified as own ained herein	vstem as identified
		Date:				August 9, 2	019	

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 telephon 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 fing, a determination that would be made by a court of lave

unting Period: 2019/1	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
estone Telephone Assn	274
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? NO	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.