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
8/20/2019	\$ 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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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.
		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 is 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:
	<u> </u>	Bowman, ND
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 5040 [Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040 (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.

Accounting Period:	2019/1										
Accounting Feriou.	2013/1	FORM SA1-2E. PAGE 1b.									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name	Midcontinent Communications	28890									
	Instructions: List each separate community served by the cable system. A "community served by the cable system."										
<b>D</b> Area	"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.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known									
Served	identified city.										
	CITY OR TOWN	STATE									
First	Bowman	ND									
Community	Hettinger	ND									
	Reeder	ND									
Add Rows as Necessary	Rhame	ND									
	Scranton	ND									

Accounting Period: 2019/1

FORM SA1-2E PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Midcontinent Communications** 

SYSTEM ID# 28890

# Ε

#### 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.

BL	OCK 1		BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:									
Service to first set	264	22.95	Business Accounts	25	22.95				
Service to additional set(s)			High Def Converter	98	8.00				
• FM radio (if separate rate)			Nursing Homes	81	8.50				
Motel, hotel	28	7.50							
Commercial	31	72.95							
Converter	343	3.00							
Residential									
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			
<ul> <li>Pay cable</li> </ul>	16.00	Motel, hotel	50.00	Digital 1	10.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	50.00	Cinemax	16.00
<ul> <li>Fire protection</li> </ul>		• Pay cable		Showtime	16.00
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		Starz!&Encore	16.00
Installation: Residential		Fire protection		Digital Variety	3.50
<ul> <li>First set</li> </ul>	50.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:		Digital Espanol	4.00
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	75.00	Dig Sports & Variety	9.00
Converter		Disconnect	-	TMC	16.00
		Outlet relocation	25.00		
		<ul> <li>Move to new address</li> </ul>	25.00		

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28890

4. LOCATION OF STATION

#### **Midcontinent Communications**

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

KDSE-DT 9 Ε **DICKINSON, ND (PBS)** KDSE-DT2 9.2 E-M DICKINSON, ND(PBS WRLD/LIF) KDSE-DT3 9.3 E-M **DICKINSON, ND (PBS MN HD)** 9.4 E-M **DICKINSON, ND (PBS KIDS)** KDSE-DT4 5.2 I-M KHSD-DT2 LEAD, SD (FOX-KOTA/KIVV) 5 KHSD-DT Ν LEAD, SD (ABC-KOTA/KIVV) 10 **KQME-DT HD** ı LEAD, SD (Me TV HD) 10.2 I-M **KQME-DT2** LEAD, SD (HEROES) 7 Ν **KQCD-DT DICKINSON, ND (NBC)** I-M **KQCD-DT3** 7.3 **DICKINSON, ND (ME TV HD)** 19 KXMA-DT **DICKINSON, ND (CW)** KXMA-DT2 19.2 N-M **DICKINSON, ND (CBS)** 

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Midcontinent Communications**

28890

#### 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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od: 2019/1						FOR	RM SA1-2E. PAGE 5.		
		ГЕМ:					SYSTEM ID# 28890		
In General: In space I, identi substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant state	fy every nor ecounting peng that must CONCER od, did you tion?	nnetwork televis eriod, under spe et be included in ENING SUBST r cable system	sion program, broadcast ecific present and former this log, see page (v) of FITUTE CARRIAGE carry, on a substitute ba	by a distant st FCC rules, reg the general ins asis, any nonr	ulations, or a tructions in t etwork telev	nuthorizations he paper SA1 rision prograr YES	Por a further -2 form.		
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. 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 accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA 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 FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to 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 stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in									
S  1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONT	RIAGE OCO	TIMES	7. REASON FOR DELETION		
	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the act explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, recommended to the call substiclear. If you need more space Column 2: If the program Column 3: Give the call substiclear and the case of Mexican or Cancolumn 4: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	Midcontinent Communications  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus  1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every no period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast static the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulatic was substituted for programming that y effect on October 19, 1976.	Midcontinent Communications  SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE PROGRAMS  • During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this paging in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate clear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televen period, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadcated Column 4: Give the broadcast station's location (If the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systimst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carriestated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect duwas substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE?  3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute bit broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer it log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitu under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progr "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute prog Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which th Column 6: Sieve the month and day when your system carried the substitut first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peri- was substituted for programming that your system was permitted to delete un- effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sts substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general ins  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you n log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever pc clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the cunder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on to use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: Tõers 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 lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations is not program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules effect on October 19, 1976.  SUB	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that the program of this page blank. If your answer is "Yes," you must comple log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. 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 period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L "NBA Basketball: Teers 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 first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the tit to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00—6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for progra	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syste substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prograr broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. 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 accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another statunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 3: Give the broadcast 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 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 loentified).  Column 5: Give the broadcast station's location (the community to which the station is loentified).  Column 6: State the times when the substitute program was carried by your cable system. List the times accurate		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	S'	YSTEM ID# 28890
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	7,805.88
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.		
	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 fo accounting period is \$52.00	r 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		
	1. Base amount under statutory formula	,	
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	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 \$52	?7,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	<del>-</del> 1	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	=	
	S. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

2019/1																						FO	RM SA	1-2E.	PAC	3E 7
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(Numbe	r, street, rural route, apartr a, MN 55435					r)																				
Email		tad@mio	nidec	lco.	o.com	า						Fa	ax (o	ption	nal)											
Owner other t  (Agent of ownin line 1 of  X (Officer or parin line 1 of  I have examined the state are true, complete, and co	y certify that (Check or han corporation or part other than corporation or partner) I am an officer (if space B.  ement of account and harrect to the best of my 1986)]  Typed or printed  Title:	tion or pa where is no f a corporate a corporate knowledge X  Enter an Enter sign	partinnot a partinot a	y on  ) I a  rtne t a c  ation  /s  electronatu	nershi a corpo on) or a are und inform.	f the I	me H  mature  manual train "/s,  magran  magran	f the c e duly partner if a par of law belief, signat	author ship; of the sand a	ystem rized a for nhip) of all stat are ma	agent f the teme ade in	iden It of Iega	of fa	d in li	er of t	of spa	ace B ble sy	stem				n				
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INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS we can contact about this statement of account.)  Name  Wynne Haakenstad  3600 Minnesota Drive, STE 700 (Number, street, rual route, apartment, or suite number)  Edina, MN 55435 (City, town, state, zip)  Email  wynne.haakenstad@midco.com  CERTIFICATION (This statement of account must be certified and signification of the company of the c	CHANNELS Instructions: You must give (1) the number of channels on which the cal to its subscribers, and (2) the cable system's total number of activated channels on which the cable system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEd we can contact about this statement of account.)  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I have examined the statement of account and hereby declare under penalty are true, complete, and correct to the best of my knowledge, information, and [18 U.S.C., Section 1001(1986)]  Typed or printed name:  Wynne Haal  Title:  Director of Program (Title of official position held in corporation or partnership) I am the owner of printed name:  Wynne Haal	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels on which the cable system is subscribers, and (2) the cable system's total number of activated channels on which the total number of activated channels on which the total number of activated channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  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I mile the statement of account and hereby declare under penalty of law that are true, complete, and correct to the best of my knowledge, information, and belief, and a return complete, and correct to the best of my knowledge, information, and belief, and a return complete, and correct to the best of my knowledge, information, and belief, and a return complete, and correct to the best of my knowledge, information, and belief, and a return complete, and correct to the best of my knowledge, information, and belief, and a return complete, and correct to the best of my knowledge, information, and belief, and a return complete, and correct to the best of my knowledge, information or partnership. The complete of the partnership of the partnership of the partnership of the partnership.  Typed or printed name: Wynne Haakenstad  Title: Director of Programming  (Title of official position held in corporation or partnership.)	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(Owner other than corporation or partnership) I am the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all state reture, complete, and correct to the best of my knowledge, information, and belief, and are mere true, complete, and correct to the best of my knowledge, information, and belief, and are mere true, complete, and correct to the best of my knowledge, information, and belief, and are mere true, complete, and correct to the best of my knowledge, information, and belief, and are mere true, complete, and correct to the best of my knowledge, information, and belief, and are mere true, complete, and correct to the best of my knowledge, information, and belief, and are mere true, complete, and correct to the best of my knowledge, information or partnership) of in line 1 of space B.  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Name  Wynne Haakenstad  3600 Minnesota Drive, STE 700  (Number, street, rural route, spectment, or suite number)  Edina, MN 55435  (City, town, state, zp)  Email  wynne.haakenstad@midco.com  Fattlife Carrier of the cable system as identification or partnership) I am the owner of the cable system as identification in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of in line 1 of space B and that the owner is not a corporation or partnership) of the leg in line 1 of space B and that the owner is not a corporation or partnership) of the leg in line 1 of space B and that the owner is not a corporation, and belief, and are made in grave true, complete, and correct to the best of my knowledge, information, and belief, and are made in grave true, complete, and correct to the best of my knowledge, information, and belief, and are made in grave true, complete, and correct to the best of my knowledge, information, and belief, and are made in grave true, complete, and correct to the best of my knowledge, information, and belief, and are made in grave true, complete, and correct to the best of my knowledge, information, and belief, and are made in grave true, complete, and correct to the best of my knowledge, information, and belief, and are made in grave true, complete, and correct to the best of my knowledge, information o	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accounting  1. 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(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B and that the owner is not a corporation or partnership; of the legal er in line 1 of space B and that the owner is not a corporation or partnership; of the legal er in line 1 of space B and that the owner is not a corporation, and belief, and are made in good in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good in line 1 of space B.  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Name  Wynne Haakenstad  Address  3600 Minnesota Drive, STE 700  (Number, street, rural route, spartment, or suite number)  Edina, MN 55435  (City, town, static, 26)  Email wynne, haakenstad@midco.com Fax (option in the day authorized agent of the owner in the 1 of space B and that the owner is not a corporation or partmership, or In the owner of the cable system as identified in In the 1 of space B and that the owner is not a corporation or partmership, or In the owner of the statement of account and hereby declare under penalty of law that all statements of fact or are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  1 Nave examined the statement of account and hereby declare under penalty of law that all statements of fact or are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  1 Title: Wynne Haakenstad  Title: Wynne Haakenstad  Title: Oirector of Programming  (Title of official position held in corporation or partnership).	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(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership, or  X (Officer or partners) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified 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 contain are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  Wynne Haakenstad  Title:  Director of Programming  (Title of official position held in corporation or partnership).	LEGAL NAME OF OWNER OF CABLE SYSTEM.  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Name  Wynne Haakenstad  Telept  Address  3600 Minnesota Drive, STE 700  [Number, street, rural tooks apathrent, or suite number)  Edina, MN 55435  (Chy, treen, sites, pay)  Email  wynne haakenstad@midco.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation in line 1 of space B.  (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B.  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LEGAL NAME OF CWNER OF CABLE SYSTEM Midcontinent Communications  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 activated channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Address  Address  3600 Minnesota Drive, STE 700  (Pumber, street, rurel road, rapel road, rurel road, rapel road, rurel road,	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications  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 on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Wynne Haakenstad  Telephone 952  Address  3600 Minnesota Drive, STE 700  @umber street, rurel note, speement, or suse number)  Edina, MN 55435  (City, town, state, zip)  Email  wynne haakenstad@midco.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space 8 and that the owner is not a corporation or partnership) or in line 1 of space 8 and that the owner is not a corporation or partnership) or the legal entity identified as owner of in line 1 of space 8 and that the owner is not a corporation or partnership) or the legal entity identified as owner of in line 1 of space 8.  - 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.  Title: Director of Programming  (The or official position held in coporation or partnership)  (The or official position held in coporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM:   Midcontinent Communications	LECAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications  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 on which the cable system carried television broadcast stations and nonbroadcast services.    MOIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account)  Name   Wynne Haakenstad   Telephone 952-844-26  Address   3600 Minnesota Drive, STE 700 (Number steem to ratio account provided to the statement of account must be certified and signed in accordance with Copyright Office regulations)  Edition. MIN 55435   City team state. spill account must be certified and signed in accordance with Copyright Office regulations)  1. It the undersigned. hereby certify that (Check one. hut only one. of the boxes.)    (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or   (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or   (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or   (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or   (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or   (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or   (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications  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 systems to stations and which the cable system carried television broadcast stations.  1. 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(i.e., 1/3 John smith)	ECAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	ECAL NAME OF CONNER OF CASE SYSTEM   Midconfinent Communications	ECAL NAME OF CWART OF CARLE SYSTEM   Midconfinent Communications   28

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 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: 2019/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
dcontinent Communications	28890
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 Name 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.  Line 1 Enter the amount of late payment or underpayment	Q 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	
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	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	

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