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	OUNTING 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							
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:							
		Cooperstown, 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	FORM SA1.2F PAGE 15									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#									
Name	Midcontinent Communications	28905									
	Instructions: List each separate community served by the cable system. A "community										
D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 ho	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known									
Area Served	identified city.										
	CITY OR TOWN	STATE									
First	Cooperstown	ND									
Community	Binford	ND									
	Carrington	ND									
Add Rows as Necessary	Hannaford	ND									
	Норе	ND									
	Kensal	ND									
	New Rockford	ND									
	Page	ND									
	Wimbledon	ND									

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Midcontinent Communications** 

SYSTEM ID# 28905

# 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:							
<ul> <li>Service to first set</li> </ul>	764	22.95	<b>Business Accounts</b>	43	22.95		
<ul> <li>Service to additional set(s)</li> </ul>			High Def Converter	276	16.00		
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel			Hospitals	15	4.00		
Commercial	169	20.00					
Converter	1,028	3.00					
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>							

# 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	Cinemax	16.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	50.00	Digital 1	10.00
<ul> <li>Fire protection</li> </ul>		Pay cable		Showtime	16.0
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Starz!&Encore	16.0
Installation: Residential		Fire protection		TMC	16.0
First set	35.00	Burglar protection		Dig Sports & Variety	9.0
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:		Digital Espanol	4.0
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	75.00		
Converter		Disconnect	-		
		Outlet relocation	25.00		
		Move to new address	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28905

#### **Midcontinent Communications**

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCGE-DT	16	E	CROOKSTON, MN (PBS)
KCGE-DT2	16.2	E-M	CROOKSTON,MN(PBSWRLD/LF)
KCGE-DT3	16.3	E-M	CROOKSTON,MN(PBS MN HD)
KCGE-DT4	16.4	E-M	CROOKSTON,MN(PBS KIDS)
KJRR-DT	7	1	JAMESTOWN, ND (FOX)
KJRR-DT2	7.2	I-M	JAMESTOWN,ND(ANTENNA)
KRDK-DT	24	l	VALLEY CITY, ND (COZI TV HD)
KVLY-DT	36	N	FARGO, ND (NBC)
KVLY-DT2	36.2	N-M	FARGO, ND (CBS-KXJB)
KVLY-DT3	36.3	I-M	FARGO, ND (ME TV)
KXJB-LD2	30.2	I-M	HORACE, ND (CW)
KXJB-LD3	30.3	I-M	HORACE, ND (HEROES)
WDAZ-DT	8	N	DEVILS LAKE, ND (ABC)
WDAY-DT3	21.3	I-M	FARGO, ND (WDAY'Z XTRA HD)
WDAY-DT2	21.2	I-M	FARGO, ND (TJN)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Midcontinent Communications**

28905

#### 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						FO	RM SA1-2E. PAGE 5.				
		EM:					SYSTEM ID# 28905				
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 system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  YES  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
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 acception, was broadcast by a distant station and that your cable system substituted for the programming of and under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further in Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love I "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 FC 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 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 to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shou 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 to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the list was substituted for programming that your system was permitted to delete under FCC rules and regulations											
S  1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONT	RIAGE OCO	CURRED TIMES	7. REASON FOR DELETION				
	Midcontinent Commun  SUBSTITUTE CARRIAGE In General: In space I, identiful substitute basis during the acceptantion 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 Cancelle Column 5: 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 your 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 nor period, was broadcast by a distant stati under certain FCC rules, regulations, oi Do not use general categories like "mov "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 statio the case of Mexican or Canadian statio 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 regulatio was substituted for programming that y effect on October 19, 1976.	Midcontinent Communications  SUBSTITUTE CARRIAGE: SPECIAL STATEMEI 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 SUBST • 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 separatice. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televit period, was broadcast by a distant station and that you under 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, enter Column 3: Give the call sign of the station broadcat Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your systifirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carries stated 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 du was 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 i 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 st 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 nonr broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you r log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever period, was broadcast by a distant station and that your cable system substitute program") the period, was broadcast by a distant station and that your cable system substituted for the under certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not 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 lid the case of Mexican or Canadian stations, if any, the community with which the station is lid Column 5: Give the month and day when your system carried by sustem from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m."  Column 6: State the times when the substitute 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.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that ys 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 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televibroadcast by a distant station?  Note: If your answer is "No", leave the rest 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 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, "L. 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 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 programming that your system to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the was substituted for programming that your system to delete un	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 sys substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progration 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 progration block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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 st under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information to not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" on "NBA Basketball: 76ers vs. Bulls."  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 leensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is leensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is leensed by the FCC or, in the case of Mexican o				

	2019/1				A1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications				2890						
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines th all amounts (gross receipts) paid to your cable system by sub (as identified in space E) during the accounting period. For a page (vii) of the general instructions located in the paper SA1 Gross receipts from subscribers for secondary transmiss during the accounting period	oscribers for the system further explanation of -2 form. iion service(s)	n's secondary tran	nsmission servionis amount, see	1,176.66						
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  Use block 2 if the amount of gross receipts in space K is more  Use block 3 if the amount of gross receipts in space K is more  See page (vi) of the general instructions located in the paper SA1-	e than \$137,100 but le e than \$263,800 but le	ss than \$527,600								
	BLOCK 1: GROSS REC	EIPTS OF \$137,100 (	OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 caccounting period is \$52.00  Line 1. Royalty fee for accounting period										
	Line 2. Interest charge. Enter the amount from line 4, space Q, p	page 8			0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING	PERIOD Add lines 1 a	nd 2								
	BLOCK 2: GROSS RECEIPTS OF \$2	63,800 OR LESS (bu	it more than \$137	7,100)							
	Base amount under statutory formula	<u>\$</u>	263,800.00	<u></u>							
	2. Enter amount of gross receipts from space K	<u>\$</u>	191,176.66	<u>i_</u>							
	3. Subtract line 2 from line 1	<u>\$</u>	72,623.34	<u> </u>							
	4. Enter the amount of gross receipts from space K			191,176.66							
	5. Enter the amount from line 3			72,623.34							
	6. Subtract line 5 from line 4			118,553.32							
	7. Multiply line 6 by .005 (enter figure here)				592.77						
	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)										
	Enter the amount of gross receipts from space K										
	Base amount under statutory formula			<del>-</del> )							
	Subtract line 2 from line 1			_							
	4. Multiply line 3 by .01			_							
	5. Royalty due on the first \$263,800 of gross receipts (under state			1.319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8										
	FILING FEE AND TOTAL REI	MITTANCE DI IE									
	FILING FEE AND TOTAL REI	WILLIAMOL DUE									
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, o	or 3, above)	<u>\$</u>	592.77							
Due	2. Filing Fee (See the instructions for more information on filing for	ee calculations)	\$	20.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add in	ines 2 and 3		\$	612.77						
	Important: Your remittance must be in the form of an See page i of the general instructions ir				jhts!						

Accounting Period:	2019/1												FO	RM SA1-2E. PA	AGE 7
Name	LEGAL NAME OF OWNER OF Midcontinent Commun													SYSTE 2	M ID#
M Channels	CHANNELS Instructions: You must gi to its subscribers, and (2) the subscribers, and (2) the subscribers of t	he cable system's total f channels on which the broadcast stations f activated channels in carried television broadcast.	tal number	e  st station	ctivated cha	annels duri	ing the ac	ccountin	g period	l.			15 379		
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATIO	ON IS NEE	E <b>DED</b> (Iden	ntify an inc	dividual	to whon	n					
for Further Information	Name <b>Wynn</b>	Haakenstad								Telephoi	ne <b>95</b>	2-844-2	622		
	(Number,	finnesota Drive, street, rural route, apartme MN 55435			er)										
	(City, towr	, state, zip)													
	Email	wynne.haakensta	ad@mid	dco.cor	n			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, but 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 B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of 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														
	V (Officer or parting in line 1 of sp.  I have examined the stater are true, complete, and correct [18 U.S.C., Section 1001(19)]	nent of account and her ect to the best of my kn	ereby dec	clare un	der penalty	of law that	all statem	nents of	fact conta			f the cable	system		
				electron	Vynne Ha	on the line	above to			ment.	_				
		Typed or printed na	name:	Wyn	ine Haal	censtad									
					Program corporation		ip)								
		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 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 lav

ounting Period: 2019/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communications	28905
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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