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@loc.gov</u>
General instructions are located	8/20/2019	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

A	ACCOUNTING PERIOD COVERED BY THIS S	TATEMENT: (YYYY/(Period))	
	2019/1 Period 1 = Jar	nuary 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. of the subsidiary, not that of the parent corporation.	. If the owner is a subsidiary of another corporation, give the full corporate tit	le
Owner	List any other name or names under which the owner con	nducts the business of the cable system.	
	If there were different owners during the accounting period single statement of account and royalty fee payment cover	od, only the owner on the last day of the accounting period should submit a ering the entire accounting period.	
	Check here if this is the system's first filing. If not, enter th	he system's ID number assigned by the Licensing Division.	452
	LEGAL NAME OF OWNER/MAILING ADDRESS C		
		JF CABLE STSTEM	
	Midcontinent Communications BUSINESS NAME(S) OF OWNER OF CABLE SYST		
	MAILING ADDRESS OF OWNER OF CABLE SYST	TEM	
	PO Box 5040 (Number, street, rural route, apartment, or suite number)		
	Sioux Falls, SD 57117-5040		
С		names used to identify the business and operation of the syste nailing address of the system, if different from the address given	
System	1		
	Balaton, MN		
	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 suffciency of the fing, a determination that would be made by a court of law.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Midcontinent Communications	452
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo 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 mobi	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Balaton	MN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM						FORM SA1	TEM ID
Name	Midcontinent Communi							010	45
		cations							
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							hard and	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv							ic and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	nce payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	a subscriber in	each appl	icable category	Example:	a residential	
	subscriber who pays extra for ca					l in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, the	iers of services	s that inc	lude one or mo	ore second	dary transmissio	ons), list the	em, together	
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	and block. A tw	vo- or three	e-word descript	on of the s	ervice is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIAD	LING	TUTE	0,111			CODOCITIDEITO	1011
	Service to first set		76	22.95	Busine	ss Accounts	5	5	22.9
	 Service to additional set(s) 					ef Converter		7	16.0
	 FM radio (if separate rate) 				Nursing	g Homes		48	8.0
	Motel, hotel								
	Commercial		4	64.95					
	Converter Residential		60	4.00					
	Non-residential								
	SERVICES OTHER THAN SEC				-				
F	In General: Space F calls for rat	•	,		•	, ,			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	or facilities furr	nished to	nonsubscribe	rs. Rate in	formation shou	d include b	ooth the	
Other Than	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	tes are ch	arged on a vari	able per-pr	ogram basis,	
Secondary Fransmissions:	Block 1: Give the standard rat		he cable	system for ea	ch of the a	applicable servio	ces listed.		
Rates	Block 2: List any services that	your cable sys	stem furr	nished or offere	ed during t	the accounting	period that		
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	vices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	TUTE		tion: Non-res		TUTE	0/1120		1011
	• Pay cable	16.00	• Mot	el, hotel		50.00	Digital	1	10.0
	Pay cable—add'l channel		• Con	nmercial		50.00	Cinema	ax	16.0
	 Fire protection 		• Pay	cable			Showti		16.0
	 Burglar protection 		-	cable-add'l ch	annel		Starz!8	Encore	16.0
	Installation: Residential			protection					
	First set Additional set(s)	50.00		glar protection					
	Additional set(s) EM radio (if separate rate)	25.00		ervices:		75.00			
	FM radio (if separate rate) Converter			connect		75.00			
	Converter			let relocation		- 25.00			
				ve to new addr	ess	25.00			

Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	Midcontinent Commu			45
G Primary ansmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carrien n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra i1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program I 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), "1" (for indepen- pri "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community n 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
	KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
	KELO-DT	11	N	SIOUX FALLS, SD (CBS)
s Necessary	KMSP-DT	9		MINNEAPOLIS, MN (FOX)
	KSTP-DT	35	Ν	ST PAUL, MN (ABC)
	KSFY-DT	13	Ν	SIOUX FALLS, SD (ABC)
	KWCM-DT	10	E	APPLETON, MN (PBS)
	WCCO-DT	32	Ν	MINNEAPOLIS, MN (CBS)
	WFTC-DT	29	l	MINNEAPOLIS, MN (MNT)
	WUCW-DT	22	•	
				MINNEAPOLIS, MN (CW)
			I	MINNEAPOLIS, MN (CW)
				MINNEAPOLIS, MN (CW)
				MINNEAPOLIS, MN (CW)
				MINNEAPOLIS, MN (CW)
				MINNEAPOLIS, MN (CW)
				MINNEAPOLIS, MN (CW)
				MINNEAPOLIS, MN (CW)
				MINNEAPOLIS, MN (CW)
				MINNEAPOLIS, MN (CW)

								SYSTEM II
lidcontiner	nt Commun	ication	S					4
n General: Lis		station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) n the basis of or detailed infi aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether to f the radio stat this by placing Sive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under of stem whenever it is received a wed at the headend, with the opyright Office regulations on 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	at the system's his system's FM ant this point, see pa sed by the cable he station is licer	eadend, and (a enna, during c age (v) of the g system as a s ased by the FC	2) it can certain st general i eparate	be expected, tated intervals. instructions in the. and discrete	Primary Transmitters Radio
		-			-	0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
						·		
						·		
		1				r	I	1

Accounting Perio	od: 2019/1						FOR	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Midcontinent Commur	nications						452
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	ify every non	nnetwork televis	ion program, broadcast by	a distant stati	on, that you	r cable syste	em carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that must	t be included in	this log, see page (v) of th	e general instru	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did your	r cable system	carry, on a substitute bas	is, any nonnet	work televis	<u>sion</u> prograr	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Trogram Log	Note: If your answer is "No	" loovo tho r	ract of this pag	o blank If your answor is	"Vos " vou mu			
		, leave the i	rest or tills pag	e blatik. Il your allswei is	res, you mo	ist complete	e une progra	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if thei	r meaning is	
	clear. If you need more spa						iniouning it	
	Column 1: Give the title	of every nor	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specific prograf		ample, TLO	ve Lucy of	
			lcast live, enter	"Yes." Otherwise enter "I	No."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	ım.			
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			with the mo	nth
	first. Example: for May 7 give		when your sys		program. Use	numerais, v		iiui
			substitute pro	gram was carried by your	cable system.	List the tim	es accurate	elv
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."							
	Column 7: Enter the lette							
	to delete under FCC rules a	and regulatio	ons in effect du	ring the accounting period	l; enter the let	ter "P" if the	listed progr	
	to delete under FCC rules a was substituted for program	and regulatio	ons in effect du	ring the accounting period	l; enter the let	ter "P" if the	listed progr	
	to delete under FCC rules a	and regulatio	ons in effect du	ring the accounting period	l; enter the lett r FCC rules a	ter "P" if the nd regulatio	listed progr	
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulatio	ons in effect du our system wa	ring the accounting period s permitted to delete unde	l; enter the letter FCC rules a	ter "P" if the nd regulatio	listed progr	ram
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation ming that you	ons in effect du	ring the accounting period s permitted to delete unde	l; enter the letter FCC rules a	ter "P" if the nd regulatio N SUBSTI AGE OCCI	listed progr	
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation ming that you	ons in effect du our system wa	ring the accounting period s permitted to delete unde	l; enter the lett rr FCC rules a WHE CARRI	ter "P" if the nd regulatio N SUBSTI AGE OCCI	listed progr ns in TUTE URRED	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	ons in effect du our system wa E PROGRAN 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the lett rr FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulatio N SUBSTI AGE OCCI	Iisted progr ns in TUTE URRED IMES	7. REASON FOR
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	to delete under FCC rules a was substituted for program effect on October 19, 1976.	UBSTITUT	ons in effect du our system wa E PROGRAN 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the lett rr FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulatio N SUBSTI AGE OCCI	Iisted progr ns in TUTE URRED IMES	7. REASON FOR
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Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	S	YSTEM ID# 452
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 1 ,246.40
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 452
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	9 160
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Wynne Haakenstad Telephone 952-8	344-2622
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435 (City, town, state, zip)	
	Email wynne.haakenstad@midco.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X (S/ Wynne Haakenstad 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Wynne Haakenstad Title: Director of Programming (Title of official position held in corporation or partnership)	
	Date: 08/08/19	

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

ounting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Icontinent Communications	45
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 a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to set for more information on when to exclude these amounts, see the note on page (vii) of the general instruct located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO	or the basic not include sub- section 119." Special Statement Concerning Gross Receipts Exclusion
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	underneument
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	
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