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 workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/21/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	774
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		SJOBERGS CABLEVISION INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		315 MAIN AVE N (Number, street, rural route, apartment, or suite number)	
		THIEF RIVER FALLS, MN 56701 (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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given ir	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
•			

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

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SJOBERGS CABLEVISION INC.	774
D	Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
First	CITY OR TOWN ROSEAU	STATE MN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name	SJOBERGS CABLEVISI							515	77
	SJUBERGS CABLEVISI	UN INC.							
Е	SECONDARY TRANSMISSION			-	-				
L	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period							g en uie	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondar each category by counting the n								
Rales	separately for the particular serv							chargeu	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed				ny standai	rd rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					l in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	and block. A tw	vo- or three	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1			T		BLOCK	()	
		NO. OF					BLUUF	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		005	70 400/000	MOTEL		-	420	4 50/
	Service to first set		885	78.422/MO	MOTEL	. EXTRA SET		130	1.50/
	Service to additional set(s)	N/A		N/C					
	• FM radio (if separate rate)	N/A	`	79 400/00					
	Motel, hotel Commercial		2	78.422/MO					
	Converter	N/A	3	78.422/MO					
	Residential	N/A							
	Non-residential	N/A							
	·Non-residentia	IVA							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	s				
F	In General: Space F calls for rate	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	17.00/MO	• Mo	otel, hotel		T+M			
	 Pay cable—add'l channel 	N/A	• Co	mmercial		T+M			
	Fire protection	N/A	• Pa	y cable		N/C			
	 Burglar protection 	N/A	• Pa	y cable-add'l ch	annel	N/C			
	Installation: Residential		• Fire	e protection		N/C			
	First set	N/C	• Bu	rglar protection		N/C			
	 Additional set(s) 	35.00	Other	services:					
			D -			N/C			
	• FM radio (if separate rate)		• Re	connect					
		N/A		connect sconnect		N/C N/C			
	• FM radio (if separate rate)	N/A	• Dis						

				OVETEMI
Name	LEGAL NAME OF OWNER OF			SYSTEM IE 77
	SJOBERGS CABLEVI			
G Primary ansmitters: elevision	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 channel 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	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination p d with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progr I(e)(2) and (4))]; and (2) certain stat rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		4	N	
	KXJB	4	N	FARGO/VALLEY CITY, ND
	КХЈВ	5	N I	FARGO/VALLEY CITY, ND GRAND FORKS, ND
s as Necessary			N 	
; as Necessary	КСРМ	5	N 	GRAND FORKS, ND
s Necessary	KCPM CBWT	5 6	N E	GRAND FORKS, ND WINNIPEG, MANITOBA
Necessary	KCPM CBWT WDAZ	5 6 8		GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN
Necessary	KCPM CBWT WDAZ KAWE	5 6 8 9	 E	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND
5 Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR	5 6 8 9 11	 E	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND
Vecessary	KCPM CBWT WDAZ KAWE KVLY	5 6 8 9 11 17	 E	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
15 Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND
as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
s as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
vs as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ows as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ows as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ows as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ows as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ows as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7	I I I E N I I I	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA

PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM station all-band basis whose signals were generally receivable by your cable system during the accounting of Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FI receivable if (1) it is carried by the system whenever it is received at the system's FM antenna, during cert for detailed information about the Copyright Office regulations on this point, see page (v) of the gen pager 5A1:2 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 2: State whether the station is M or FM. Column 3: The radio station's signal wave electronically processed by the cable system as a sepa signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community with which the station is identified). CALL SIGN AM or FM S/D Call an stations, if any, the community with which the station is identified). Income is identified in a station in the station is identified in a station in identified in a station in the station is identified in a station in a station in the station is identified in a station in the station in identified in a station in the station is identified in a station in the station in identified in a station in the station in identified in a station in identified in a		SYSTEM II 7
 receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it is to the basis of monitoring, to be received at the headend, with the system's FM antenna, during certa For detailed information about the Copyright Office regulations on this point, see page (v) of the generator solution about the Copyright Office regulations on this point, see page (v) of the generator solution about the call sign of each station carried. 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 separ 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 of Mexican or Canadian stations, if any, the community with which the station is identified). 		н
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S Image: State St	t can be expected, tain stated intervals. neral instructions in the. arate and discrete	Primary Transmitters Radio
	S/D LOCATION OF STATION	-
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	od: 2019/1						FO	RM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	SJOBERGS CABLEVIS	SION INC.						774
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	G			
	In General: In space I, identi	ifv every nor	network televis	ion program broadcast by	a <i>distant</i> stati	on that you	ır cahle svs	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				-			
Special	During the accounting per				is any nonnei	work televi	sion progra	m
Statement and		-		ourly, on a substitute basi				
Program Log	broadcast by a distant sta	uon?				L	YES	NO
	Note: If your answer is "No"	", leave the i	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complet	e the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if the	ir meaning	is
	clear. If you need more spa							
	period, was broadcast by a			ision program ("substitute p				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 0		• •	,	
				r "Yes." Otherwise enter "N				
				sting the substitute progra			FOO	
	the case of Mexican or Can			e community to which the			e FCC or, ir	1
	Column 5: Give the mor	th and day y	when your syst	tem carried the substitute	program Use	numerals	with the mo	onth
	first. Example: for May 7 giv		when you sys		program. Obe	numeraio,	with the fire	
			substitute pro	gram was carried by your o	cable system.	List the tin	nes accurat	ely
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. s	hould be	
	stated as "6:00–6:30 p.m."	"D" :f th						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							Jian
	was substituted for program							
	effect on October 19, 1976.		our system wa	s permitted to delete undel		na regulati		
	effect on October 19, 1976.			s permitted to delete undel		na regulati		-
				·	WHE	N SUBST	ITUTE	
		UBSTITUT	E PROGRAM	·	WHE CARRI	N SUBST	ITUTE	7. REASON FOR
				·	WHE	N SUBST	ITUTE	7. REASON FOR DELETION
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
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	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED TIMES	

Accounting Period:	2019/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC.			Ş	SYSTEM ID# 774
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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	system's s ion of how	secondary trans to compute this	mission servi s amount, sec \$ 39	ce
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tl	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00				1
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2	2	·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore 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				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8	· · · · · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	395,423.78		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	131,623.78		
	4. Multiply line 3 by .01		\$	1,316.24	
	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 .		\$	2,635.24
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,635.24	
	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,655.24
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-		-		ghts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: CABLEVISION INC.	SYSTEM ID: 774
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ed television broadcast stations	9
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Richard J Sjoberg Telephone	218-681-3044
	Address	315 Main Ave N (Number, street, rural route, apartment, or suite number)	
		Thief River Falls, MN 56701 (City, town, state, zip)	
	Email	rsjoberg@mncable.net Fax (optional) 218-681-68	01
O Certification	I, the undersig (Ow (Age X (Of	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. hed the statement of account and hereby declare under penalty of law that all statements of fact contained herein	3; or ystem as identified
		lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] $\frac{X / s/ Richard J Sjoberg}{Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)$	-
		Typed or printed name: Richard J Sjoberg Title: President (Title of official position held in corporation or partnership)	
		Date: 01/18/2019	

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

unting Period: 2019/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BERGS CABLEVISION INC.	774
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address Mailing Address	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
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