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

General instructions are located		OR COPYRIGHT OFFICE USE ONLY	Return completed workbook by email to:
General instructions are located 02/28/2020	by D	ECEIVED AMOUNT	<u>coplicsoa@copyright.gov</u>
	02/2	20 ALLOCATION N	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	
		20192 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.	25942
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Venture Communications Coop.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 157 (Number, street, rural route, apartment, or suite number)	
		Highmore, SD 57345 (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 o s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Venture Communications Coop.	25942
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	Gettysburg	SD
Community	Lebanon	SD
Add Rows as Necessary		
Add Rows as Necessary		
	การเป็นและการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	-2E. PAGE
Name	Venture Communication								2594
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in si system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the misseparately for the particular servi Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for cat first set" and would be counted of Block 2: If your cable system	SERVICE: SL pace E should on of television ay cable) in sp (June 30 or D blocks in spa / transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc bits where an in- should be cour ble service to a once again und	cover al and rad ace F, n ecembe ce E call service. s in that indicated h catego 20/mth"). for adva e form list ribers. C dividual nted as a additiona er "Serv	Il categories of s io broadcasts b not here. All the r 31, as the cas l for the number In general, you t category (the r d—not the number or of service. Ir . Summarize an nce payment. sts the categorie Give the number or organization a subscriber in e al sets would be ice to additiona	secondary y your sy facts you e may be of subsc can com number of per of set nelude bo y standar es of seco of subsc is receivi each appl included l set(s)."	stem to subscril state must be t ). ribers to the cal pute the number f persons or org s receiving serv th the amount or d rate variation ondary transmis ribers and rate to ng service that icable category in the count un	bers. Give i hose existi ole system, or of subscr anizations ice). f the charg s within a p sion servic for each lis falls under . Example: der "Servic	information ng on the broken ibers in charged e and the particular rate e that cable ted category different a residential se to the	
	printed in block 1 (for example, ti with the number of subscribers a sufficient.	iers of services	that inc	lude one or mo	re secono	ary transmissic	ons), list the	em, together	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		331		Core			22	19.9
	Service to additional set(s)				My Cho	Dice		31	48.0
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem furn je was m	mation with res not offered in co do not need to o nonsubscriber billed. If any rat e system for eac nished or offere nade or establis	pect to al ombinatio give rate i s. Rate in es are ch ch of the a d during t	n with any secc nformation con- formation shoul arged on a vari- applicable servio he accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that	smission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:     Pay cable	13.95		tion: Non-residented to the second seco	uential	49.95	set top	box	9.5
	Pay cable—add'l channel	18.95		nmercial		49.95			
	• Fire protection		_	cable					
	•Burglar protection		• Pay	cable-add'l cha	annel				
	Installation: Residential		• Fire	protection					
	• First set	49.95		glar protection					
	Additional set(s)	30.00		services:					
	• FM radio (if separate rate)			connect		49.95			
	• Converter		1	connect		40.05			
			• Out	let relocation		49.95			
			• Mov	ve to new addre	ss	49.95			

Name		F CABLE SYSTEM:		SYSTEM ID
	Venture Communicat			25942
	PRIMARY TRANSMITTERS:	•		
y ters: on	In General: In space G, idd carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- le carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct orogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDLO	3	N	FLORENCE, SD
	KDLT	5	N	SIOUX FALLS, SD
essary	кттw	7	Ν	RELIANCE, SD
	KPRY	9	Ν	RELIANCE, SD
	KPRY KUSD	9 10	E	RELIANCE, SD SIOUX FALLS, SD
	KUSD	10	E	SIOUX FALLS, SD
	KUSD	10	E	SIOUX FALLS, SD
	KUSD	10	E	SIOUX FALLS, SD
	KUSD	10	E	SIOUX FALLS, SD
	KUSD	10	E	SIOUX FALLS, SD
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	KUSD	10	E	SIOUX FALLS, SD
	KUSD	10	E	SIOUX FALLS, SD
	KUSD	10	E	SIOUX FALLS, SD

Accounting P							FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF Venture Con								SYSTEM ID
venture con	municatio		op.					2594
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of if For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> G	it is carried b monitoring, to prmation abou- rm. lentify the cal tate whether the radio stat this by placing sive the station	y the sys be recein at the Co l sign of a the static tion's sig g a check n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived 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 th	at the system's he system's FM anter this point, see pa sed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		-	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		1				[ <b></b>		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Venture Communication	ons Coop						25942
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every noi	nnetwork televis	<i>sion program,</i> broadcast by	a distant stat	ion, that you	ır cable syste	em carried on a
	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in th	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per	•	r cable system	carry, on a substitute basi	is, any nonne	twork televi		
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if thei	r meaning is	5
				ision program ("substitute	program") tha	t, during the	e accounting	1
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of	another sta	tion
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	s. See page (v) of the gene thall " List specific program	eral instruction	ns for furthe	er information	n.
	"NBA Basketball: 76ers vs.			ibali. List speelile program		impic, i Le	We Lucy of	
				"Yes." Otherwise enter "N				
				sting the substitute progra to community to which the		nsed by the	ECC or in	
	the case of Mexican or Can						, 100 01, 11	
			when your sys	tem carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	List the tim	nes accurate	dv.
	to the nearest five minutes.							iy
	stated as "6:00–6:30 p.m."	•						
				was substituted for progra ring the accounting period				
			nne in attact du					am
	was substituted for program							am
		nming that y						am
	was substituted for program	nming that y			r FCC rules a	nd regulation	ons in	am
	was substituted for program effect on October 19, 1976.	nming that y		s permitted to delete unde	r FCC rules a		TUTE	7. REASON FOR
	was substituted for program effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	nd regulation	TUTE URRED TIMES	
	was substituted for program effect on October 19, 1976.	UBSTITUT	our system wa	s permitted to delete unde	r FCC rules a WHE CARRI	nd regulation	TUTE URRED	7. REASON FOR
	was substituted for program effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	nd regulation	TUTE URRED TIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	nd regulation	TUTE URRED TIMES	7. REASON FOR

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S١	STEM ID#
	Venture Communications Coop.		25942
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entra all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	<b>,269.00</b> is receipts)
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 \$137,100 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	nis six-mon	
	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 \$137,10	00)	
	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		
	2. Base amount under statutory formula         φ         203,000.00           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		
	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
	EFT Trace # or TRANSACTION ID # 26NS16B8		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM nmunications Coop.	:		SYSTEM ID# 25942
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	ers, and (2) the cable system' otal number of channels on wh ed television broadcast station otal number of activated channe e cable system carried televisio	's total numb nich the cable ns nels on broadcas		ons6202
N Individual to Be Contacted		TO BE CONTACTED IF FUR of about this statement of acco		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Brad Ryan		Telepi	none 605 852-2224
	Address	PO Box 157 (Number, street, rural route, ap	partment, or sui	te number)	
		Highmore, SD 5734 (City, town, state, zip)	45		
	Email	bryan@ventu	urecomm.ne	et Fax (optional)	
	CERTIFICATIO	N (This statement of account	must be cer	tified and signed in accordance with Copyright Office regulati	005)
O Certification		gned, hereby certify that (Check			
	(Ow	mer other than corporation or	r partnership	<b>)</b> I am the owner of the cable system as identified in line 1 of spa	ace B; or
				rtnership) I am the duly authorized agent of the owner of the ca t a corporation or partnership; or	ble system as identified
		ficer or partner) I am an office in line 1 of space B.	er (if a corpora	tion) or a partner (if a partnership) of the legal entity identified as	s owner of the cable system
	are true, comp		-	clare under penalty of law that all statements of fact contained he e, information, and belief, and are made in good faith.	rein
			<u> </u>	/s/ Randy Houdek	
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or print	ted name:	Randy W. Houdek	
		Title: (Title)		al Manager on held in corporation or partnership)	
		Date:		2/28/2020	
Privacy Act Notice					

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 filing, a determination that would be made by a court of lay

unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ture Communications Coop.	259
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 fol- lowing 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 sub- scribers 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	P Special Statemer Concerning Gros Receipts Exclusio
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address     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
	Q Interest Assessme
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 Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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