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					
2/25/2020	\$ 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	ACCOUNTING 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.	28905						
		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							
	INICTE	(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 us 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:							
		Cooperstown, ND							
		MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040							
	2	(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 fling, a determination that would be made by a court of law.

Accounting Period:	2019/2	FORM ONLOTE PLOT 41							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#							
Name									
	Midcontinent Communications	28905 A "community" is the same as a "community unit" as defined in FCC rules:							
_		orporated communities within unincorporated areas and including single,							
D		ty that you list will serve as a form of system identification hereafter known							
	as the "first community." Please use it as the first community on all futu								
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area	identified city.	s, of mobile nome parks should be reported in parentneses below the							
Served	deficition only.								
	CITY OR TOWN	STATE							
First	Cooperstown	ND							
Community	Binford	ND							
Community	h	ND							
	Carrington Hannaford								
Add Rows as Necessary		ND ND							
	Hope	ND							
	Kensal	ND							
	New Rockford	ND ND							
	Page	ND							
	Wimbledon	ND							
	0.000.00.0000								

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28905

Midcontinent Communications

E

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				
04750000 05 0500405	NO. OF	DATE	0.4.75.00.00.05.05.00.05.05.05.05.05.05.05.05	NO. OF	DATE	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	710	22.95	Business Accounts	43	22.95	
 Service to additional set(s) 			High Def Converter	250	16.00	
 FM radio (if separate rate) 			Nursings Homes	191	8.50	
Motel, hotel			Hospitals	15	4.00	
Commercial	162	22.00				
Converter	976	3.00				
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	16.00	Motel, hotel	50.00	Cinemax	16.00
Pay cable—add'l channel		Commercial	50.00	Digital 1	10.00
Fire protection		Pay cable		Showtime	16.00
•Burglar protection		Pay cable-add'l channel		Starz!&Encore	16.00
Installation: Residential		Fire protection		TMC	16.00
First set	35.00	Burglar protection		Dig Sports & Variety	9.00
Additional set(s)	25.00	Other services:		Digital Espanol	4.00
• FM radio (if separate rate)		Reconnect	75.00		
Converter		Disconnect	-		
		Outlet relocation	25.00		
		Move to new address	25.00		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

SYSTEM ID# 28905

Midcontinent Communications PRIMARY TRANSMITTERS: TELEVISION

G

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	<u>l</u>	JAMESTOWN, ND (FOX)
KJRR-DT2	7.2	I-M	JAMESTOWN,ND(ANTENNA)
KRDK-DT	24	<u>l</u>	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
	 						
	 						
	 						
	 						
	 						
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

Associating Dovin	.d. 2010/2						FORM CALOE BACE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·				FORM SA1-2E. PAGE 5. SYSTEM ID#	
Name	Midcontinent Commu						28905	
Substitute Carriage: Special Statement and	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per	ify every non ccounting p ning that mu T CONCEF riod, did you	nnetwork televi eriod, under sp st be included	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE	a distant sta CC rules, reg ne general ins	ulations, or auth	orizations. For a further paper SA1-2 form.	
Program Log	broadcast by a distant sta		rest of this na	age blank. If your answer is	s "Yes " vou r		YES X NO	
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							
	Circuit Oil October 10, 1070	ect on October 19, 1976. WHEN SUBSTITE					E E	
	S		E PROGRAM	1		AGE OCCURR	DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	то	

Accounting Period:	2019/2			FORM SA	A1-2E. PAGE 6.	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications			S	YSTEM ID# 28905	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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 re	ystem's se on of how t	condary transm o compute this a	ission service amount, see	4,170.79 pss 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 \$263,800 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	7,100 OR	LESS			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that y	ou must pay for	this six-mon		
	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 mo	ore than \$137,1	00)		
	Base amount under statutory formula	\$	263,800.00			
	2. Enter amount of gross receipts from space K	\$	194,170.79			
	3. Subtract line 2 from line 1	\$	69,629.21			
	4. Enter the amount of gross receipts from space K		. \$ 1	94,170.79		
	5. Enter the amount from line 3		. \$	69,629.21		
	6. Subtract line 5 from line 4		\$ 1	24,541.58		
	7. Multiply line 6 by .005 (enter figure here)			\$	622.71	
	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		\$	622.71	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527,	600)		
	Enter the amount of gross receipts from space K					
	Base amount under statutory formula	•	263,800.00			
	3. Subtract line 2 from line 1	Ψ	203,000.00			
	4. Multiply line 3 by .01					
				1 210 00		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00 0.00		
	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 DU	E				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	622.71		
Due	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			\$	642.71	
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		hts!	

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: Communications				SYSTEM ID# 28905
M Channels	to its subscribers 1. Enter the total	, and (2) the cable system's t number of channels on which	otal numbe	on which the cable system carried televiser of activated channels during the account	nting period.	15
	on which the ca	number of activated channels able system carried television ast services	broadcast	stations		374
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		MATION IS NEEDED (Identify an individ	dual to whom	
for Further Information	Name Address	Wynne Haakenstad 3600 Minnesota Driv	e STF 7	······	Telephone	952-844-2622
	, , , , , , , , , , , , , , , , , , , ,	(Number, street, rural route, aparti Edina, MN 55435 (City, town, state, zip)	ment, or suite	number)		
	Email	wynne.haakens	stad@midd	co.com Fa	ax (optional)	
0	CERTIFICATION	(This statement of account m	ust be certi	fied and signed in accordance with Copy	right Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check o	one, <i>but onl</i> y	one, of the boxes.)		
	(Owne	r other than corporation or p	partnership) I am the owner of the cable system as id	lentified in line 1 of space	B; or
				rtnership) I am the duly authorized agent (a corporation or partnership; or	of the owner of the cable	system as identified
	in I	ine 1 of space B.		tion) or a partner (if a partnership) of the le		·
		e, and correct to the best of my		clare under penalty of law that all statemen e, information, and belief, and are made in		n
			X	/s/ Wynne Haakenstad		
				lectronic signature on the line above to certi ature using an "/s/ signature" (e.g., /s/ John		
		Typed or printed	d name:	Wynne Haakenstad		
		Title: (Title of o		or of Programming held in corporation or partnership)		
		Date:			2/13/20	

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counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
idcontinent 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." 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? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below\$	
Name Mailing Address 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on 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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