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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:	
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
General instru	ems (Short Form) actions are located of this workbook	2/20/2020	\$ ALLOCATION NUMBER		
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31		
Accounting Period		Barcode Data Filing Period (optiona	I - see instructions)		
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full co	rporate title	
Owner	List any other name or names under which	n the owner conducts the business of t	he cable system.		
	If there were different owners during the a single statement of account and royalty fe		the last day of the accounting period should a ting period.	submit a	
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	38006	
	LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM			
	BENTON CABEVISION INC				
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	2220 125TH ST NW (Number, street, rural route, apartment, or suite no	umber)			
	RICE MN 56367-9701 (City, town, state, zip)				
	INSTRUCTIONS: In line 1, give any busin	ess or trade names used to ide	ntify the business and operation of the	e system unless these	
С	names already appear in space B. In line				
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTEM	:			
	2 (Number, street, rural route, apartment, or suite n	umber)			
	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name	BENTON CABEVISION INC	380
	Instructions: List each separate community served by the cable system. A "community" is the	
Р	"a separate and distinct community or municipal entity (including unincorporated communitie	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser	ve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parl	ks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First		MN
Community	(ROCKWOOD ESTATES MOBILE HOME PARK)	MN
	GILMAN	MN
d Rows as Necessary	WATAB	MN
	BROCKWAY	MN
	GILMANTON	MN
	ALBERTA	MN
	MILACA	MN
	(HERITAGE HOUSE OF MILACA)	MN
	HAYLAND	MN
		MN
		MN
	BORGHOLM	MN
	BUCKMAN	MN
	SAUK RAPIDS	MN
	TWO RIVERS	MN
	BORGHOLM	MN
	GRAHAM	MN
	GRANITE LEDGE	MN
	HILLMAN	MN
	MORRILL	MN
	BOCK	MN
	FORESTON	MN
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Nomo	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:		
Name	BENTON CABEVISION	INC			
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should	cover	all categories of	secondar
Secondary	about other services (including p				
Transmission	last day of the accounting period				
Service: Sub-	Number of Subscribers: Both	-			
scribers and Rates	down by categories of secondary each category by counting the n				
Rutes	separately for the particular serv		-		
	Rate: Give the standard rate c	-			
	unit in which it is generally billed category, but do not include disc	· ·		,	ny standa
	Block 1: In the left-hand block				ies of sec
	systems most commonly provide	•		•	
	that applies to your system. Not			•	
	categories, that person or entity				
	subscriber who pays extra for ca first set" and would be counted of				
	Block 2: If your cable system	•			• • •
	printed in block 1 (for example, t				
	with the number of subscribers a	and rates, in th	e right-	hand block. A tv	vo- or thre
	sufficient. BLC	DCK 1			
		NO. OF		DATE	047
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATI
	Service to first set		1,791	27.95	
	Service to additional set(s)		1,731	27.95	
	• FM radio (if separate rate)				
	Motel, hotel				
	Commercial				
	Converter				
	Residential		274	2.00	
	Non-residential				
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s
-	In General: Space F calls for rat				
-	-	•	,		spect to a
F	not covered in space E, that is, t	hose services	that are	e not offered in a	spect to a combination
₽ Services	-	hose services re two exception	that are	e not offered in a 1 do not need to	spect to a combination give rate
- Services Other Than	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur	hose services re two exception or facilities furn hit in which it is	that are ons: you nished	e not offered in o u do not need to to nonsubscribe	spect to a combinatio give rate rs. Rate in
- Services Other Than Secondary	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	hose services re two exceptic or facilities furn hit in which it is rate column.	that are ns: you nished t usually	e not offered in o u do not need to to nonsubscribe y billed. If any ra	spect to a combinatio give rate rs. Rate in ites are cl
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	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE
ame	BENTON CABEVISION			
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	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 the Column 2: Give the channel of license. For example, With Column 3: Indicate in each educational station, by enter (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 pr d with a station according to its over-the-	(1) stations carried only on a part the carriage of certain network progent (e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program d both on a substitute basis and all see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, reprised vision station for broadcasting over station, an independent station, or for network multicast), "I" (for independent r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTCA - TPT2	2/2.1	E	ST PAUL MN
	KTCI - TPTMN	2.2	E-M	ST PAUL MN
as Necessary	KTCI - TPTLIFE	2.3	E-M	ST PAUL MN
	KTCA - TPTKIDS	2.4	E-M	ST PAUL MN
	KTCA - TPTNOW	2.5	E-M	ST PAUL MN
	WCCO-DT	4.1	N	MINNEAPOLIS MN
	WCCODT2	4.2	N-M	MINNEAPOLIS MN
	KSTPDT	5.1	N	ST PAUL MN
	KSTCDT1	5.2	I	ST PAUL MN
	KSTCDT3	5.3	N-M	ST PAUL MN
	KSTCDT2	5.4	N-M	ST PAUL MN
	KSTCDT2 KSTCDT4	5.4 5.6	N-M N-M	ST PAUL MN ST PAUL MN
	KSTCDT4	5.6	N-M	ST PAUL MN
	KSTCDT4 KSTPDT2	5.6 5.7	N-M N-M	ST PAUL MN ST PAUL MN
	KSTCDT4 KSTPDT2 WFTC - FOX9	5.6 5.7 9.1	N-M N-M N	ST PAUL MN ST PAUL MN MINNEAPOLIS MN
	KSTCDT4 KSTPDT2 WFTC - FOX9 WFTC - FOX9+	5.6 5.7 9.1 9.2	N-M N-M N N-M	ST PAUL MN ST PAUL MN MINNEAPOLIS MN MINNEAPOLIS MN
	KSTCDT4 KSTPDT2 WFTC - FOX9 WFTC - FOX9+ WFTC - MOVIES!	5.6 5.7 9.1 9.2 9.3	N-M N-M N N-M N-M	ST PAUL MN ST PAUL MN MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN
	KSTCDT4 KSTPDT2 WFTC - FOX9 WFTC - FOX9+ WFTC - MOVIES! KMSP - BUZZR	5.6 5.7 9.1 9.2 9.3 9.4	N-M N-M N N-M N-M N-M	ST PAUL MN ST PAUL MN MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN
	KSTCDT4 KSTPDT2 WFTC - FOX9 WFTC - FOX9+ WFTC - MOVIES! KMSP - BUZZR KMSP - LIGHTTV	5.6 5.7 9.1 9.2 9.3 9.4 9.5	N-M N-M N-M N-M N-M N-M	ST PAUL MN ST PAUL MN MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN
	KSTCDT4 KSTPDT2 WFTC - FOX9 WFTC - FOX9+ WFTC - MOVIES! KMSP - BUZZR KMSP - LIGHTTV KMSP	5.6 5.7 9.1 9.2 9.3 9.4 9.5 9.9	N-M N-M N N-M N-M N-M N-M N-M N-M	ST PAUL MN ST PAUL MN MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN
	KSTCDT4 KSTPDT2 WFTC - FOX9 WFTC - FOX9+ WFTC - MOVIES! KMSP - BUZZR KMSP - LIGHTTV KMSP KARE - DT	5.6 5.7 9.1 9.2 9.3 9.4 9.4 9.5 9.9 11.1	N-M N-M N-M N-M N-M N-M N-M N-M N-M N	ST PAUL MN ST PAUL MN MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN MINNEAPOLIS MN

EGAL NAME O			ISTEM.					SYSTEM 380
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: Column 4: Colu) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Sive the statior	y the sys be recein the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see pa ed by the cable s re 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 leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		OALL SIGN		0,0		
KMXK	FM		ST CLOUD MN					
	· · · · · · · · · · · · · · · · · · ·							

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	BENTON CABEVISION							38006
	SUBSTITUTE CARRIAG	-	-					
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in		and paper e	
Special	During the accounting per	-			isis anv noni	network tel	evision nroa	ram
Statement and				frouny, on a substitute be	lolo, any nom			
Program Log	broadcast by a distant sta	uon?				L	YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if tl	neir meaning	g is
	clear. If you need more spa			vision program ("substitute	• program") t	hat during	the account	tina
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for fur	ther informa	ition.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		dooot live opt	or "Voo" Othorwigo optor	"No."			
				er "Yes." Otherwise enter asting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numeral	s, with the r	nonth
	first. Example: for May 7 gi		o oubotituto pr	ogram was carried by you	r ochlo ovoto	m list the	timoo ooour	ataly
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0?				atery
	stated as "6:00-6:30 p.m."		a program oar		1. 10 p.m. to t		. Should be	
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regula	ations in	
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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Accounting Period:	2019/2 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
Humo	BENTON CABEVISION INC 38000
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts form subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month
	accounting period is \$52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	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 \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K \$ 302,805.00
	2. Base amount under statutory formula \$ 263,800.00
	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)
	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 \$ 1,709.05
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,709.05
	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 \$ 1,729.05
	EFT Trace # or TRANSACTION ID # 26NKDOPP & 26NM6T3R
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: BEVISION INC	SYSTEM ID# 38006
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. tal number of channels on which the cable ed television broadcast stations	39 184
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name Address	Tim Hayes Telephone 320-3 2220 125th St NW (Number, street, rural route, apartment, or suite number)	393-2115
		(City, town, state, zip)	
	Email	thayes@bctelco.net Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Of X (Of I have examinare true, comp	IN (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.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 owner of the 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 lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		X /s/Cheryl Scapanski 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: Cheryl Scapanski Title: General Manager (Title of official position held in corporation or partnership)	
		Date: 2/18/2020	

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 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 Office'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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
NTON CABEVISION INC	3800
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
	1
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
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q Interest Assessmen
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