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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## **SA1-2E Short Form**

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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20192 Barcode Data Filing Period (optional - see instructions)
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.
		CABLE & CELLULAR COMMUNICATIONS, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 280 (Number, street, rural route, apartment, or suite number)
		CIRCLE, MT 59215 (City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
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

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/28/2020

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.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CABLE & CELLULAR COMMUNICATIONS, LLC	6098
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 t as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	'community" is the same as a "community unit" as defined in FCC rules: worated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	GLENDIVE	MT
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						2E. PAGE
Name	CABLE & CELLULAR C			S, LLC					609
_	SECONDARY TRANSMISSION		IBSCRI	BERS AND R	ATES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				,	ble system	broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n	•							
	separately for the particular serv								
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	• •	,		ny stanua		is wiu iir a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			•		0			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	iers of services	s that inc	clude one or m	ore secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	vo- or thre	e-word descrip	tion of the s	service is	
	sufficient. BLC	DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	GORY OF SE		NO. OF SUBSCRIBERS	RATI
	Residential:	SUBSCRIB	ERO	NATE	CATE	GORT OF SE	NICE	SUBSCRIBERS	NAT
	Service to first set		1,528	34.20					
	Service to additional set(s)		1,020	57.20					
	• FM radio (if separate rate)								
	Motel, hotel		47	13.20					
	Commercial			10.20					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
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:	Block 1: Give the standard rat Block 2: List any services that							wore not	
	DIUCK 2. LIST ATTY SETVICES THAT	• •		listied of otter	-	-	-		
Rates	listed in block 1 and for which a	separate charc		nade or establ	shed List	these other set	vices in the		
Rates	listed in block 1 and for which a brief (two- or three-word) descrip				shed. List	these other ser	vices in the		
Kales		otion and includ	de the ra		shed. List	these other ser		BLOCK 2	
Rates			de the ra			these other set		BLOCK 2 DRY OF SERVICE	RATE
Rates	brief (two- or three-word) descrip	otion and includ BLO	de the ra CK 1 CATEG	ate for each.	VICE				RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ BLO	de the ra CK 1 CATEG Installa	ate for each. GORY OF SER	VICE			DRY OF SERVICE	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and includ BLO	de the ra CK 1 CATEG Installa • Mot	ate for each. GORY OF SER ation: Non-res	VICE		CATEGO	DRY OF SERVICE	RATE 109.2 124.2
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and includ BLO	de the ra CK 1 CATEG Installa • Mot • Cor	ate for each. GORY OF SER ation: Non-res	VICE			DRY OF SERVICE	109.2 124.2
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and includ BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay	ate for each. GORY OF SER ation: Non-res rel, hotel nmercial	VICE		CATEGO CHOIC ULTIM/ STARZ	DRY OF SERVICE E ATE	109.2
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and includ BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay	ate for each. GORY OF SER ation: Non-res tel, hotel nmercial r cable	VICE		CATEGO CHOIC ULTIM/ STARZ	DRY OF SERVICE E ATE /ENCORE	109.2 124.2 13.9
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	otion and includ BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	ate for each. CORY OF SER ation: Non-res tel, hotel nmercial r cable r cable-add'l ch	VICE		CATEGO CHOIC ULTIM STARZ SHOW	DRY OF SERVICE E ATE /ENCORE	109.2 124.2 13.9 13.9
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	CORY OF SER ation: Non-res rel, hotel nmercial r cable r cable-add'l ch protection	VICE		CATEGO CHOIC ULTIM STARZ SHOW	DRY OF SERVICE E ATE /ENCORE	109.2 124.2 13.9 13.9
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bun Other s	ate for each. GORY OF SER ation: Non-res rel, hotel mmercial r cable r cable-add'l ch e protection glar protection	VICE		CATEGO CHOIC ULTIM STARZ SHOW	DRY OF SERVICE E ATE /ENCORE	109.2 124.2 13.9 13.9
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Rec	ate for each. GORY OF SER ation: Non-res rel, hotel mmercial cable cable cable-add'l ch protection glar protection services:	VICE	RATE	CATEGO CHOIC ULTIM STARZ SHOW	DRY OF SERVICE E ATE /ENCORE	109.2 124.2 13.9 13.9
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Cos • Diss	CORY OF SER ation: Non-res tel, hotel nmercial cable cable-add'l ch protection glar protection services: connect	VICE	RATE	CATEGO CHOIC ULTIM STARZ SHOW	DRY OF SERVICE E ATE /ENCORE	109.2 124.2 13.9 13.9

counting Period: 2	2013/2			FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
1101115	CABLE & CELLULAR	COMMUNICATIONS, LLC		60
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on ti <b>Column 2:</b> Give the channe of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carried I on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro I with a station according to its over-the-a	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a su e Special Statement and Program both on a substitute basis and al- iee page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form, he community to which the station	E-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KXGN	5.1	N	Glendive, MT
	KUSM	16	E	Bozeman, MT
'd Rows as Necessary	KUSM KXGN-DT2	<u> </u>	E N	
dd Rows as Necessary				Bozeman, MT Glendive, MT Williston, ND
1d Rows as Necessary	KXGN-DT2	5.2	N	Glendive, MT Williston, ND
Jd Rows as Necessary	KXGN-DT2 KUMV	5.2	N N	Glendive, MT Williston, ND Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI	5.2 8 18	N N N	Glendive, MT Williston, ND Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW	5.2 8 18 22 10	N N N N N-M	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV	5.2 8 18 22 10 8	N N N N-M N-M	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD	5.2 8 18 22 10 8 5.1	N N N N-M N-M N	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT Glendive, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD	5.2 8 18 22 10 8 5.1 5.2	N N N N N-M N-M N-M N N N	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD	5.2 8 18 22 10 8 5.1 5.2 2.2	N N N N N-M N-M N N N N N	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD KHMT-HD KSVI-HD	5.2 8 18 22 10 8 5.1 5.2 2.2 18	N N N N N-M N-M N N N N N N N	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD	5.2 8 18 22 10 8 5.1 5.2 2.2 18 10	N N N N N-M N-M N N N N N N N N N N N N	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 8 18 22 10 8 5.1 5.2 2.2 18 10 16	N N N N N-M N N N N N N N N N N N E	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD	5.2 8 18 22 10 8 5.1 5.2 2.2 18 10	N N N N N-M N-M N N N N N N N N N N N N	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 8 18 22 10 8 5.1 5.2 2.2 18 10 16	N N N N N-M N N N N N N N N N N N E	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 8 18 22 10 8 5.1 5.2 2.2 18 10 16	N N N N N-M N N N N N N N N N N N E	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 8 18 22 10 8 5.1 5.2 2.2 18 10 16	N N N N N-M N N N N N N N N N N N E	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 8 18 22 10 8 5.1 5.2 2.2 18 10 16	N N N N N-M N N N N N N N N N N N E	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 8 18 22 10 8 5.1 5.2 2.2 18 10 16	N N N N N-M N N N N N N N N N N N E	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT
dd Rows as Necessary	KXGN-DT2 KUMV KSVI KHMT KTVQ-CW KUMV-Me.TV KXGN-DT1-HD KXGN-DT2-HD KHMT-HD KSVI-HD KTVQ CW-HD KUSM-HD	5.2 8 18 22 10 8 5.1 5.2 2.2 18 10 16	N N N N N-M N N N N N N N N N N N E	Glendive, MT Williston, ND Billings, MT Billings, MT Billings, MT Billings, MT Glendive, MT Glendive, MT Billings, MT Billings, MT Billings, MT

EGAL NAME OF								SYSTEM
CABLE & CE	ELLULAR	COMMU	JNICATIONS, LLC					6
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> Si <b>Column 3:</b> If	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati	y the sys be recei t the Co sign of e he statio ion's sign	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column.	the system's he system's FM ante his point, see pa	adend, and (2 enna, during co ge (v) of the g	) it can l ertain sta eneral ir	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
Aexican or Can	adian stations	s, if any,	on (the community to which th the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					·			
					·			
					·			
						·		
				F		(		

Accounting Perio	od: 2019/2							FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	CABLE & CELLULAR	COMMUN	ICATIONS,	LLC					6098
	SUBSTITUTE CARRIAG	-	-						
I	In General: In space I, ident								
	substitute basis during the a	• •		•					
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of t	the general in:	structions	n the pa	aper S/	A1-2 form.
Carriage:	<b>1. SPECIAL STATEMEN</b>	T CONCEF	RNING SUBS	TITUTE CARRIAGE					
Special Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did yoι	ur cable syster	m carry, on a substitute ba	asis, any noni	network te	levision	n progr	am
Program Log	broadcast by a distant sta	ation?						ES	× NO
Program Log	-							-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must com	plete the	e prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUT	E PROGRA	AMS						
	In General: List each subs	titute progra	am on a separ	ate line. Use abbreviation	s wherever p	ossible, if	their me	eaning	is
	clear. If you need more spa	ace, please	add additional	l rows to the tables.				-	
				vision program ("substitute					
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, '	I Love I	Lucy" (	or
	"NBA Basketball: 76ers vs.			»x " 0!!					
				er "Yes." Otherwise enter casting the substitute prog					
				the community to which th		censed by	the FC	C or i	'n
	the case of Mexican or Cal							0001,1	
				stem carried the substitute			als with	the m	onth
	first. Example: for May 7 gi		When you by		o program o		, <b>m</b>		
	. , , ,		e substitute pr	ogram was carried by you	ır cable svste	m. List the	times a	accura	atelv
	to the nearest five minutes								
	stated as "6:00–6:30 p.m."			, ,	·				
		"D" .C U	links of some some so	n was substituted for prog	ramming that	t vour eve	em was	s reau	ired
	Column 7: Enter the let	ter "R" if the	e listed prograr	n was substituted for prog	nanning ula	i your sys		o roqui	100
	to delete under FCC rules	and regulati	ions in effect d	luring the accounting perio	od; enter the	letter "P" i	f the list	ted pro	
	to delete under FCC rules was substituted for program	and regulati	ions in effect d	luring the accounting perio	od; enter the	letter "P" i	f the list	ted pro	
	to delete under FCC rules	and regulati	ions in effect d	luring the accounting perio	od; enter the	letter "P" i	f the list	ted pro	
	to delete under FCC rules was substituted for program	and regulati	ions in effect d	luring the accounting perio	od; enter the der FCC rules	letter "P" i s and regu	f the list lations	ted pro	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulati mming that <u>y</u> i.	ions in effect o your system w	luring the accounting period as permitted to delete und	od; enter the der FCC rules WHE	letter "P" i s and regu	f the list lations ITUTE	ted pro	ogram
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulati	ions in effect o your system w E PROGRAM	luring the accounting period as permitted to delete und	od; enter the der FCC rules WHE CARRI	N SUBST	f the list lations TTUTE CURRE	ted pro	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulati	ions in effect o your system w E PROGRAM	luring the accounting period as permitted to delete und	od; enter the der FCC rules WHE	N SUBST	f the list lations TITUTE CURRE TIMES	ted pro	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulati mming that y c. UBSTITUT 2. LIVE?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	f the list lations TITUTE CURRE TIMES	ted pro in	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulati mming that y c. UBSTITUT 2. LIVE?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	f the list lations TITUTE CURRE TIMES	ted pro in	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulati mming that y c. UBSTITUT 2. LIVE?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	f the list lations TITUTE CURRE TIMES	ted pro in	7. REASON FOR
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulati mming that y c. UBSTITUT 2. LIVE?	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC	f the list lations TITUTE CURRE TIMES	ted pro in	7. REASON FOR
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Accounting Period:	2019/2		FORM S	GA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE & CELLULAR COMMUNICATIONS, LLC		S	8YSTEM ID# 6098
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's see (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transm o compute this a	ission service amount, see \$ 31	
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 that • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that ye accounting period is \$52.00	ou must pay for	this six-mon <sup>,</sup>	
	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 lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,1	00)	
	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			
	Nullupy line 6 by .005 (enter ligure nere)     .     .     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 I	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	317,478.60		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	53,678.60		
	4. Multiply line 3 by .01	\$	536.79	
	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 .		\$	1,855.79
	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)		1,855.79	
	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		\$	1,875.79
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for	-		ghts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: LULAR COMMUNICATIONS, LLC	SYSTEM ID# 6098
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the c	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable I television broadcast stations . I number of activated channels able system carried television broadcast stations cast services .	15 15
N Individual to Be Contacted		<b>D BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Annie Edwards Telephone	406-485-3301
	Address	P.O. Box 280 (Number, street, rural route, apartment, or suite number) Circle, MT 59215 (City, town, state, zip)	
	Email	mrtcreg@midrivers.coop Fax (optional)	
O Certification	I, the undersign     (Owned)     (Agen     in     X     (Office     in     I have examined)	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space at of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)] $\underbrace{X  /s/ \text{ Dennis Green}}_{Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)$	system as identified wner of the cable system
		Typed or printed name: Dennis Green Title: President (Title of official position held in corporation or partnership)	
Privacy Act Notico		Date: February 28, 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 ID
BLE & CELLULAR COMMUNICATIONS, LLC	609
<ul> <li>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."     </li> <li>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.</li> <li>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?     <li>NO</li> </li></ul>	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.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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