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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	For additional information,
General instructions are located in the first tab of this workbook	02/21/2020	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/2 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.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Bevcomm, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		BEVCOMM	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		123 W 7th St (Number, street, rural route, apartment, or suite number)	
		Blue Earth, MN 56013 (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 unless these as 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 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 fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Bevcomm, Inc.	62
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	known as the "first community." Please use it as the first community on all future filir	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
		1
	CITY OR TOWN	STATE
First	New Prague	MN
Community	Minnesota Lake	MN
	Wells	MN
d Rows as Necessary	Easton	MN
	Winnebago	MN
	Bricelyn	MN
	Frost	MN
	Granada	MN
	Huntley	MN
	Warsaw	MN
	Freeborn	MN
	Delavan	MN
	Morristown	MN
	Truman	MN MN
	Trimont	MIN MN
	Welcome	MN
	######################################	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	TEM II	
Name	Bevcomm, Inc.					6255			
	SECONDARY TRANSMISSION			ATES					
E	In General: The information in sp			-	ansmission ser	vice of the	cable		
	system, that is, the retransmission			•					
Secondary	about other services (including p				ate must be tho	se existing	on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both				ers to the cable	svetem h	roken		
scribers and	down by categories of secondary	•				•			
Rates	each category by counting the nu	umber of billing	s in that category (the	e number of pe	ersons or organ	izations ch			
	separately for the particular servi								
	Rate: Give the standard rate cl unit in which it is generally billed.								
	category, but do not include disc					nunn a pai			
	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 ca								
	first set" and would be counted o								
	Block 2: If your cable system h	•							
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		nght-hand block. At						
	BLO	OCK 1				BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		CATE	GORY OF SER	VICE	NO. OF SUBSCRIBERS	RAT	
	Residential:			0,112	00111 01 0211		0020011122110		
	Service to first set	:	3,522 94.95	;					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI		s					
-	In General: Space F calls for rate				our cable syster	n's service	es that were		
F	not covered in space E, that is, th								
Services	service for a single fee. There are furnished at cost or (2) services of	•	•	•					
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the				,				
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SE	RVICE	RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services:		Installation: Non-re						
	• Pay cable		 Motel, hotel 						
	• Pay cable—add'l channel		Commercial						
	Fire protection		• Pay cable	ľ					
	•Burglar protection		• Pay cable-add'l	channel					
	Installation: Residential		 Fire protection 	"					
	First set	35.00	Burglar protection	n					
	 Additional set(s) 		Other services:	ľ					
	• FM radio (if separate rate)		 Reconnect 		25.00				
			 Disconnect 						
	• Converter		Disconnect						
	• Converter		Outlet relocation	 	45.00				

G Primary 76 ansmitters: Su Television St to ba • [st • 1 st • 1 ba • 1 c • 1 ·	arried by your cable syste CC rules and regulations 6.59(d)(2) and (4), 76.61 ubstitute program basis, a Substitute Basis Station asis under specific FCC r Do <i>not</i> list the station here, tation was carried <i>only</i> or List the station here, and asis. For further informatic Column 1: List each static nulticast stream associate WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eace ducational station, by ent for independent multicast for the meaning of these to Column 4: Give the location Column 4: Give the location Column 4: Give the location Column 5: For Mexican or Canal	lentify every television station (including em during the accounting period, <i>except</i> 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 car rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. nel number the FCC assigned to the teler WRC is channel 4 in Washington, D.C. th case whether the station is a network st rering the letter "N" (for network), "N-M" (i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	(1) stations carried only on a par- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s- ne Special Statement and Program d both on a substitute basis and a see page (v) of the general instru- orgram services such as HBO, E e-air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde- or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the station ne community with which the station is community with which the station is community with 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 er a noncommercial ependent), "I-M" ational multicast). on is licensed by the on is identified.
G In ca FC Primary ansmitters: SL Television Su Felevision Su St St Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca	n General: In space G, id arried by your cable syste CC rules and regulations (6.59(d)(2) and (4), 76.610 ubstitute program basis, a Substitute Basis Station asis under specific FCC r Do <i>not</i> list the station here, and tasis under specific FCC r Do <i>not</i> list the station here, and tasis. For further informatic Column 1: List each station nulticast stream associate WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by ent for independent multicast for the meaning of these t Column 4: Give the location CCC. For Mexican or Cana	lentify every television station (including em during the accounting period, <i>except</i> 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 car rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. nel number the FCC assigned to the teler WRC is channel 4 in Washington, D.C. th case whether the station is a network st rering the letter "N" (for network), "N-M" (i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	(1) stations carried only on a par- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s- ne Special Statement and Program d both on a substitute basis and a see page (v) of the general instru- orgram services such as HBO, E e-air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde- or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the station ne community with which the station is community with which the station is community with 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 er a noncommercial ependent), "I-M" ational multicast). on is licensed by the on is identified.
G ca Frimary 76 ransmitters: su Television St St St Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca	arried by your cable syste CC rules and regulations 6.59(d)(2) and (4), 76.61 ubstitute program basis, a Substitute Basis Station asis under specific FCC r Do <i>not</i> list the station here, tation was carried <i>only</i> or List the station here, and asis. For further informatic Column 1: List each static nulticast stream associate WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eace ducational station, by ent for independent multicast for the meaning of these to Column 4: Give the location Column 4: Give the location Column 4: Give the location Column 5: For Mexican or Canal	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 rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network s tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	(1) stations carried only on a par- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s- ne Special Statement and Program d both on a substitute basis and a see page (v) of the general instru- orgram services such as HBO, E e-air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde- or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the station ne community with which the station is community with which the station is community with 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 er a noncommercial ependent), "I-M" ational multicast). on is licensed by the on is identified.
ba • [st •] ba C G M "V C G of C G (fr C C C	asis under specific FCC r Do <i>not</i> list the station he tation was carried <i>only</i> or List the station here, and basis. For further informatic column 1: List each station nulticast stream associate WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by ent for independent multicast for independent multicast cor the meaning of these t Column 4: Give the location CCC. For Mexican or Cana	rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network s tering the letter "N" (for network), "N-M" (the), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	he Special Statement and Program d both on a substitute basis and a see page (v) of the general instru- program services such as HBO, E -air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde- or "E-M" (for noncommercial educa- ictions in the paper SA1-2 form. the community to which the station he community with which the station	n 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). on is licensed by the on is identified.
	CC. For Mexican or Cana	adian stations, if any, give the name of th	ne community with which the stati	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
ĸ	КТСА	2.1	Е	MINNEAPOLIS/ST PAUL, MN
	(PXM	41	I	MINNEAPOLIS/ST PAUL, MN
Rows as Necessary	NCCO	4	Ν	MINNEAPOLIS/ST PAUL, MN
ĸ	KSTP	5	Ν	MINNEAPOLIS/ST PAUL, MN
ĸ	(AAL	6	Ν	AUSTIN, MN
ĸ		5.3	I-M	MINNEAPOLIS/ST PAUL, MN
ĸ	KMSP	9	I.	MINNEAPOLIS/ST PAUL, MN
	NFTC	29	I	MINNEAPOLIS/ST PAUL, MN
	KARE	11	Ν	MINNEAPOLIS/ST PAUL, MN
	(EYC (FOX)	12.4	I-M	MANKATO, MN
	(STC	45	 I	MINNEAPOLIS/ST PAUL, MN
	(TCI-LIFE	2.3	E-M	MINNEAPOLIS/ST PAUL, MN
	(STC THISTV	5.2	I-M	MINNEAPOLIS/ST PAUL, MN
	ARE WXNOW	11.2	I-M	MINNEAPOLIS/ST PAUL, MN
	(EYC	12	N	MANKATO, MN
	STC ANTENNA	5.4	I-M	MINNEAPOLIS/ST PAUL, MN
	(STP-H&I	5.7	N-M	MINNEAPOLIS/ST PAUL, MN
	ARE-JUSTICE	11.3	N-M	MINNEAPOLIS/ST PAUL, MN
	(TCA-MN	2.2	E-M	MINNEAPOLIS/ST PAUL, MN
		2.4		
	KTCA-WX	4.4	E-M	MINNEAPOLIS/ST PAUL, MN

Bevcomm, Inc. 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Primary	Accounting F							FORM	/I SA1-2E. PAGE
 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable 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. 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 location (the community 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). 			CABLE S	YSTEM:					SYSTEM II 625
 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. 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. Column 1: Identify the call sign of each station carried. 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 identified). 									
 Transmitte To be expected at the headend, with the system's FM antenna, during certain stated intervals. To be expected at the headend constance Transmitte To be expected at the headend constance To be expected at the	n General: Lis	t every radio	station ca	arried on a separate and discr					н
Mexican or Canadian stations, if any, the community with which the station is identified).	eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio star this by placin	y the sys be rece ut the Co I sign of the statio tion's sig g a chec	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.	at the system's he system's FM ant this point, see pa sed by the cable	eadend, and (; enna, during c ige (v) of the c system as a s	2) it can certain s general eparate	be expected, tated intervals. instructions 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 Image: Sign Sign Sign Sign Sign Sign Sign Sign					e station is identif				
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
Norm									
Image: stateImage: stateImage									
NormNo									
Normal SectorNormal Sector<									
Image: Section of the section of th									
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Index and and an analysisIndex and an analysisIndex and an									
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Accounting Perio							FORM	I SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Bevcomm, Inc.							62551
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LOG	3			
	In General: In space I, identi	fv everv nor	network televis	ion program, broadcast by a	a <i>distant</i> stati	on. that vour o	cable svster	n carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instru	uctions in the	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN	-						
Special Statement and	 During the accounting per 	od, did you	cable system	carry, on a substitute basis	s, any nonnet	work televisio	on program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	, leave the i	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete t	he progran	า
	log in block 2.			·	·			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				vherever pos	sible, if their n	neaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute p	orogram") that	t during the a	accounting	
	period, was broadcast by a							ion
	under certain FCC rules, re	gulations, or	authorizations	. See page (v) of the gene	ral instruction	ns for further i	nformation	
	Do not use general categor "NBA Basketball: 76ers vs.		/ies" or "basket	ball." List specific program	titles, for exa	ample, "I Love	e Lucy" or	
			cast live, enter	"Yes." Otherwise enter "N	0."			
	Column 3: Give the call	sign of the s	tation broadca	sting the substitute prograr	n.			
				e community to which the			CC or, in	
	the case of Mexican or Can Column 5: Give the mon			em carried the substitute p			th the mon	th
	first. Example: for May 7 giv				i ogrami o o o			
				gram was carried by your c				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:28	8:30 p.m. sho	uld be	
		er "R" if the	listed program	was substituted for program	mming that ye	our system wa	as required	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that ye	our system was	s permitted to delete under	FCC rules a	nd regulations	s in	
						N SUBSTIT		
	S		E PROGRAM		-	AGE OCCU		 REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		
						_		
						_	_	
						_		
						_		
						_		

Accounting Period:	2019/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	Bevcomm, Inc. 62551
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 of 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, see 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.
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 \$137,100 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-mon accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	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 \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K \$ 522,037.00
	2. Base amount under statutory formula
	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 \$ 3,901.37
	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) \$ 3,901.37
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 3,921.37
	EFT Trace # or TRANSACTION ID # 26NN1Q97
	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	LEGAL NAME O Bevcomm, li	F OWNER OF CABLE SYSTEM: 1C.	SYSTEM ID# 62551
M Channels	to its subscrib 1. Enter the to system carri 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. total number of channels on which the cable ed television broadcast stations	20 285
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Gloria Pederson Telephone 50	07-526-3252
	Address	123 W 7th St (Number, street, rural route, apartment, or suite number)	
		Blue Earth, MN 56013 (City, town, state, zip)	
	Email	gpederson@bevcomm.com Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, comp	(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.) Ther 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 in line 1 of space B. red 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. (c) Artestete Deuttors	em as identified
		X /s/ Arlette Dutton 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: Arlette Dutton Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
		Date: 2/21/2020	

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 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 telephol 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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of lav

unting Period: 2019/2		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM II
zcomm, Inc.		6255
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions put For more information on when to exclude these amounts, see the note on page (vii) of the gen located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners? NO 	e system for the basic stem shall not include sub- ursuant to section 119." heral instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address		
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
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	- (interest charge)	
	(C)	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For	further assistance please	
 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. 	further assistance please e. e Copyright Office, please	
 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For contact the Licensing Division at (202) 707-8150 or licensing@copyright.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 list below the owner, address, first community served, ID number, and accounting period as given by the owner. 	further assistance please e. e Copyright Office, please	
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