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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	02/24/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63330
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Brookings Municipal Utilities	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 588: 525 Western Ave (Number, street, rural route, apartment, or suite number)	
		Brookings, SD 57006 (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 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:	
		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 sufficiency of the fling, a determination that would be made by a court of law.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Brookings Municipal Utilities	63330
D Area	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Served		
	CITY OR TOWN	STATE
First	Brookings	SD
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name	Brookings Municipal Ut							010	6333
	Brookings manicipal ot								
Е	SECONDARY TRANSMISSION		-	-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	I-not the num	ber of set	s receiving servi	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				iy standar	d rate variations	s within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable	
	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	nce again und	er "Servi	ce to additiona	al set(s)."				
	Block 2: If your cable system I								
	printed in block 1 (for example, the with the number of subscribers a								
	sufficient.	ind rates, in the	- nym-na			e-word descripti			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		1,101	58.45					
	 Service to additional set(s) 		1,896	7.00					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		45	45.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	8				
F	In General: Space F calls for rat	·	,		•				
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un		usually	oilled. If any ra	tes are ch	arged on a varia	able per-pro	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ea	ch of the s	annlicable servic	has listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	• •			shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	le the ra	te for each.			1		
	, , ,		214.4					BLOCK 2	
		BLO							
	CATEGORY OF SERVICE	BLOO RATE	CATEG	ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG Installa	tion: Non-res		RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEG Installa • Mot	tion: Non-res el, hotel		RATE	CATEGO HD Acc		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mot • Con	tion: Non-res el, hotel nmercial		RATE			RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mot • Con • Pay	tion: Non-res el, hotel nmercial cable	idential	RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	CATEG Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable cable-add'l ch	idential	RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 103.45	CATEG Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch	idential	RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 103.45 100.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 103.45 100.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burq Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	idential				
	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)	RATE 103.45 100.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	idential	7.00			

	LECAL MAKE OF OWNER OF			
lame	LEGAL NAME OF OWNER OF			SYSTEM II 6333
	Brookings Municipal PRIMARY TRANSMITTERS:			
G smitters: evision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: 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 t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (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, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- orogram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUN-LP	3		Sioux Falls, SD
	KTTW	4	N	Sioux Falls, SD
		-		
s as Necessary	KDLT	5	N	
rs as Necessary	KDLT KESD-SDPB	5	N E	Sioux Falls, SD
as Necessary	KESD-SDPB	8	E	Sioux Falls, SD Sioux Falls, SD
as Necessary	KESD-SDPB KELO-MyUTV	8 10	E N-M	Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD
as Necessary	KESD-SDPB KELO-MyUTV KELO	8 10 11	E N-M N	Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD
as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY	8 10 11 13	E N-M N N	Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD
as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV	8 10 11 13 14	E N-M N	Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD
as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP	8 10 11 13 14 15	E N-M N N	Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD
; as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP	8 10 11 13 14 15 16	E N-M N N N I I	Sioux Falls, SD Sioux Falls, SD
is as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSFY-CW	8 10 11 13 14 15 16 17	E N-M N N N I I I N-M	Sioux Falls, SDSioux Falls, SD
is as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSCB-LP KSFY-CW KELO-Escape	8 10 11 13 14 15 16 17 18	E N-M N N N I I I N-M N-M	Sioux Falls, SD Sioux Falls, SD
is as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSFY-CW KELO-Escape KELO-WxNOW	8 10 11 13 14 15 16 17 18 21	E N-M N N N I I I N-M N-M N-M	Sioux Falls, SDSioux Falls, SD
is as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSCB-LP KSFY-CW KELO-Escape KELO-Escape KELO-WxNOW	8 10 11 13 14 15 16 17 18 21 24	E N-M N N N N I I I N-M N-M N-M N-M	Sioux Falls, SDSioux Falls, SD
rs as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSCB-LP KSFY-CW KELO-Escape KELO-WxNOW KTTW-THIS KTTW-Cozi	8 10 11 13 14 15 16 17 18 21 24 25	E N-M N N N N I I I N-M N-M N-M N-M N-M N-M N-M	Sioux Falls, SDSioux Falls, SD
is as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSCB-LP KSFY-CW KELO-Escape KELO-Escape KELO-WxNOW KTTW-THIS KTTW-Cozi KDLT-Antenna TV	8 10 11 13 14 15 16 17 18 21 24 25 26	E N-M N N N N 1 1 1 1 1 N-M N-M N-M N-M N-M N-M N-M	Sioux Falls, SDSioux Falls, SD
is as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSCB-LP KSFY-CW KELO-Escape KELO-Escape KELO-WxNOW KTTW-THIS KTTW-Cozi KDLT-Antenna TV WPBS-CREATE	8 10 11 13 14 15 16 17 18 21 24 25 26 27	E N-M N N N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sioux Falls, SDSioux Falls, SD
is as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSCB-LP KSFY-CW KELO-Escape KELO-WxNOW KTTW-THIS KTTW-Cozi KDLT-Antenna TV WPBS-CREATE WPBS-WORLD	8 10 11 13 14 15 16 17 18 21 24 25 26 27 28	E N-M N N N N N 1 1 1 1 1 N-M N-M N-M N-M N-M N-M N-M N-M E-M E-M	Sioux Falls, SDSioux Falls, SD
is as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSCB-LP KSFY-CW KELO-Escape KELO-Escape KELO-WxNOW KTTW-THIS KTTW-Cozi KDLT-Antenna TV WPBS-CREATE WPBS-WORLD KTTW-DT	8 10 11 13 14 15 16 17 18 21 24 25 26 27 28 604	E N-M N N N N N N-M N-M N-M N-M	Sioux Falls, SDSioux Falls, SD
is as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSCB-LP KSFY-CW KELO-Escape KELO-WxNOW KTTW-THIS KTTW-Cozi KDLT-Antenna TV WPBS-CREATE WPBS-WORLD KTTW-DT KDLT-DT	8 10 11 13 14 15 16 17 18 21 24 25 26 27 28 604 605	E N-M N N N N N N N-M N-M N-M N-M N-M E-M E-M E-M N-M N-M	Sioux Falls, SDSioux Falls, SD
is as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSCB-LP KSFY-CW KELO-Escape KELO-Escape KELO-WxNOW KTTW-THIS KTTW-Cozi KDLT-Antenna TV WPBS-CREATE WPBS-WORLD KTTW-DT KDLT-DT KDLT-DT	8 10 11 13 14 15 16 17 18 21 24 25 26 27 28 604 605 608	E N-M N N N N N N N-M N-M N-M	Sioux Falls, SDSioux Falls, SD
is as Necessary	KESD-SDPB KELO-MyUTV KELO KSFY KSFY-MeTV KCPO-LP KSCB-LP KSCB-LP KSFY-CW KELO-Escape KELO-WxNOW KTTW-THIS KTTW-Cozi KDLT-Antenna TV WPBS-CREATE WPBS-WORLD KTTW-DT KDLT-DT	8 10 11 13 14 15 16 17 18 21 24 25 26 27 28 604 605	E N-M N N N N N N N-M N-M N-M N-M N-M E-M E-M E-M N-M N-M	Sioux Falls, SDSioux Falls, SD

Accounting P	eriod: 2019	/2					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF			/STEM:					SYSTEM ID
Brookings N	iunicipal U	tilities						6333
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation abou- rm. dentify the cal tate whether the radio stat this by placing Sive the station	y the sys be recei it the Cc I sign of o the static ion's sig g a checl n's locati	I-Band FM Carriage: Under of the whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, tated 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	
		†					<u>+</u>	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	Brookings Municipal L	Jtilities						63330
	SUBSTITUTE CARRIAG				G			
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat C rules, regul	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			s, any nonne	twork televi	sion progran	า
Statement and Program Log	broadcast by a distant sta		,			ſ	YES	× NO
	Note: If your answer is "No	' loovo tho	rost of this nos	o blank If your answor is		L ust complete	_	
	Note: If your answer is "No	, leave the	rest of this pag	je blatik. Il your allswel is	res, you mu		e the program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subsidiclear. If you need more spatial column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the more first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every no distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static adian static ath and day ve "5/7." es when the Example: a er "R" if the and regulatio ming that y	im on a separa add additional i nnetwork telev ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carrie listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen- tball." List specific program r "Yes." Otherwise enter "N asting the substitute progra- ne community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra- ring the accounting period	program") that d for the prog- eral instruction in titles, for exa- lo." m. station is licer station is ider program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	t, during the ramming of ns for furthe ample, "I Lo nsed by the tified). . List the tim 8:30 p.m. s our system ter "P" if the	e accounting another stater information we Lucy" or e FCC or, in with the mor hes accurate hould be was <i>require</i> e listed progr	tion n. hth ly d
			E PROGRAM	1		EN SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1	TIMES — TO	DELETION
							_	
]					
					·		<u> </u>	
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]				_	
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							_	

Accounting Period:	2019/2 FORM SA1-2E. PAG	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM	
	Brookings Municipal Utilities 633	330
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	<u> </u>
	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 \$ 489,369.00	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1 \$ 225,569.00	
	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 \$ 3,574.69	,
	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) \$ 3,574.69	
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 \$ 3,594.69	1
	EFT Trace # or TRANSACTION ID # 9.14084E+13	
	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		FOWNER OF CABLE SYSTEM: unicipal Utilities	SYSTEM ID# 63330
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot 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	24 270
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name		605) 692-6325
	Address	PO Box 588: 525 Western Ave (Number, street, rural route, apartment, or suite number) Brookings, SD 57006 (City, town, state, zip)	
	Email	ljulius@swiftel-bmu.com Fax (optional) (605) 697-8470	0
O Certification	I, the undersig (Own (Age i X (Off i i I have examinare true, completion	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste 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 in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. stion 1001(1986)] X /s/ Steve Meyer	tem as identified
		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: Steve Meyer Title: Executive Vice President / General Manager (Title of official position held in corporation or partnership)	
		Date: February 25, 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 telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

Inting Period: 2019/2	0/0751
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM 633
okings Municipal Utilities	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statemer Concerning Gros Receipts Exclusio
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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
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