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

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ny Tra	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable Syste General instru in the first tab	ictions	are located	02/21/2020	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACCO	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optional	- see instructions)	
В		Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full	corporate
Owner		List any other name or names under wh	nich the owner conducts the business of	the cable system.	
		If there were different owners during th single statement of account and royalty		the last day of the accounting period shounting period.	ıld submit a
		Check here if this is the system's first fil			774
		1			
		LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	1	
		SJOBERGS CABLEVISION INC. BUSINESS NAME(S) OF OWNER (OF CABLE SYSTEM (IF DIFFEREN)	 T)	
				,	
		MAILING ADDRESS OF OWNER C	OF CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite			
		(City, town, state, zip)	56701		
С				ntify the business and operation of ne system, if different from the addr	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTE	M:		
	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	SJOBERGS CABLEVISION INC.	774					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the					
First	CITY OR TOWN ROSEAU	STATE MN					
Community							
ows as Necessary							
	ากสามารถการการการการการการการการการการการการการก						

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID				
Name								515	77				
	SJOBERGS CABLEVISION INC.												
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information												
L													
Secondary	about other services (including p												
Fransmission	, . .												
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken												
scribers and Rates	down by categories of secondar each category by counting the n	,		0 , ,									
Rates	separately for the particular serv			•••				s charged					
	Rate: Give the standard rate of					•	,	ge and the					
	unit in which it is generally billed					ard rate variation	s within a	particular rate					
	category, but do not include disc							4441-1-					
	Block 1: In the left-hand block systems most commonly provide	•		•		•							
	that applies to your system. Not												
	categories, that person or entity			-		-							
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the					
	first set" and would be counted of							41					
	Block 2: If your cable system printed in block 1 (for example, t	-		•									
	with the number of subscribers a							, 0					
	sufficient.		ongin										
	BLC	OCK 1	-				BLOCK						
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI				
	Residential:												
	Service to first set		852	78.422/MO	MOTEL	EXTRA SE	Г	130	1.50/				
	Service to additional set(s)	N/A		N/C									
	• FM radio (if separate rate)	N/A											
	Motel, hotel		2	78.422/MO									
	Commercial		3	78.422/MO									
	Converter	N/A											
	Residential	N/A											
	Non-residential	N/A											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S								
F	In General: Space F calls for ra	te (not subscril	ber) infe	ormation with re	espect to a	all your cable sys	stem's serv	vices that were					
Г	not covered in space E, that is, t												
Services	service for a single fee. There and furnished at cost or (2) services	•			0		0.	,					
Other Than	amount of the charge and the ur												
Secondary	enter only the letters "PP" in the			,,,,,				· - g ,					
ransmissions:		Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not												
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two, or three word) description and include the rate for each												
	brief (two- or three-word) description and include the rate for each.												
		BLO					0.175.0	BLOCK 2					
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE				
	Continuing Services: Pay cable	47.00/000		ation: Non-res otel, hotel	laential	T . M							
	Pay cable Add'l channel	17.00/MO N/A		mmercial		T+M T+M							
	Fire protection	N/A		y cable		N/C							
	•Burglar protection Installation: Residential	N/A		y cable-add'l ch	anner	N/C							
		NIC		e protection		N/C							
	First set	N/C		rglar protection		N/C							
	 Additional set(s) 	35.00				N/C							
	()		00 Other services: • Reconnect N/C										
	• FM radio (if separate rate)	NUC				NIO							
	()	N/A	• Dis	sconnect		N/C							
	• FM radio (if separate rate)	N/A	• Dis • Ou			N/C N/C N/C							

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM ID				
Name	SJOBERGS CABLEV			77				
G Primary nsmitters: elevision	 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(q)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent, "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educat							
	1. CALL SIGN	dian stations, if any, give the name of th	3. TYPE OF STATION	4. LOCATION OF STATION				
	KX.JB	4	N	FARGO/VALLEY CITY, ND				
	КХЈВ	4	N I	FARGO/VALLEY CITY, ND				
	КСРМ	5	N I	GRAND FORKS, ND				
as Necessary	KCPM CBWT	5 6	N 	GRAND FORKS, ND WINNIPEG, MANITOBA				
as Necessary	КСРМ	5 6 8	N E	GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND				
as Necessary	KCPM CBWT WDAZ KAWE	5 6		GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN				
; Necessary	KCPM CBWT WDAZ KAWE KVLY	5 6 8 9		GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND				
Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR	5 6 8 9 11 17		GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND				
s Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7		GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA				
as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR	5 6 8 9 11 17		GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND				
as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7		GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA				
; as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7		GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA				
s as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7		GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA				
's as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7		GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA				
ws as Necessary	KCPM CBWT WDAZ KAWE KVLY KNRR CKY	5 6 8 9 11 17 7		GRAND FORKS, ND WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA				
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SJOBERGS	F OWNER OF (SYSTEM
PRIMARY TRA	NSMITTERS:	RADIO							
n General: Lis	t every radio s	tation ca	rried on a separate and disc nerally receivable by your ca						Н
eceivable if (1) in the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at s the	the system's he ystem's FM ante his point, see pag d by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se yed by the FC	!) it can ertain st eneral ii eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				t					
				-					
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counting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTEM:						SYSTEM ID		
Name	SJOBERGS CABLEVI	SION INC.						77		
	SUBSTITUTE CARRIAG	E: SPECIAL ST	ГАТЕМЕ	NT AND PROGRAM L	OG					
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fu explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:							<u></u>			
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 									
Statement and Program Log	broadcast by a distant station?									
rogram 20g	Note: If your answer is "No	o". leave the rest o	of this pa	age blank. If vour answer	is "Yes." vou	must com				
	log in block 2.	,	•	0 ,		·		0		
	2. LOG OF SUBSTITUTI									
	In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoo "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	ace, please add a of every nonnetw a distant station are egulations, or auth ries like "movies" . Bulls." m was broadcast sign of the station adcast station's lo nadian stations, if nth and day when we "5/7."	additional work tele nd that y horization or "bask live, ente n broadc ocation (t f any, the n your sy stitute pro	I rows to the tables. vision program ("substitu our cable system substit ns. See page (v) of the g letball." List specific prog er "Yes." Otherwise enter sasting the substitute pro- the community to which t e community with which t stem carried the substitu ogram was carried by yo	te program") t uted for the pr eneral instruc ram titles, for r "No." gram. he station is li he station is li he station is li te program. U ur cable syste	that, during ogrammin tions for fu example, " iccensed by Jentified). Ise numera	g the accou g of anothe inther inform 'I Love Luc of the FCC of als, with the e times account	unting er station mation. cy" or or, in e month curately		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the listed and regulations ir mming that your s	d progran n effect d	luring the accounting per	iod; enter the	letter "P" i	f the listed			
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Accounting Period:	2019/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC.			Ş	SYSTEM ID# 774
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and f all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	tem's sec of how to	condary transmi compute this a	ssion service mount, see \$ 38	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	t less tha ormation.	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00	ee that yo	ou must pay for t	his six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mo	re than \$137,1	00)	
	1. Base amount under statutory formula	5	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		· · · · · · · · · · · · · · · · · · ·		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 ar	nd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	00 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	6	388,370.40		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	124,570.40		
	4. Multiply line 3 by .01		\$	1,245.70	
	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	5, and 6 .	· · · · · · · · · · · · · · · · · · ·	\$	2,564.70
	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)	•••••	\$	2,564.70	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	••••••	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[\$	2,584.70
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: ABLEVISION INC.				SYSTEM ID# 774
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's t I number of channels on whic television broadcast stations I number of activated channel able system carried television	ls	nnels during the acco	ounting period.	9 170
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account	HER INFORMATION IS NEED nt.)	DED (Identify an indiv	vidual to whom	
for Further Information	Name	Richard J Sjoberg			Telephone 2	218-681-3044
	Address	315 Main Ave N (Number, street, rural route, apart Thief River Falls, MN (City, town, state, zip)				
	Email	rsjoberg@mnc	able.net		Fax (optional) 218-681-6801	L
O	I, the undersigned (Owned) (Owned) (Agentic in light of the second	ed, hereby certify that (Check of er other than corporation or p t of owner other than corpor line 1 of space B and that the of the statement of account and the statement of account account and the statement of account account account account account the statement of account ac	aust be certified and signed in one, <i>but only one</i> , of the boxes partnership) I am the owner of ration or partnership) I am the owner is not a corporation or partner (if a corporation) or a partner (if thereby declare under penalty y knowledge, information, and X /s/ Richard J Signature of Enter an electronic signature of Enter signature using an "/s/ signature using an "/s/ signature d name: Richard J Signature of President	s.) f the cable system as e duly authorized ager artnership; or if a partnership) of the r of law that all statem belief, and are made Sjoberg on the line above to ce signature" (e.g., /s/ Jol	identified in line 1 of space E nt of the owner of the cable s e legal entity identified as own ents of fact contained herein in good faith.	system as identified ner of the cable system
		Date:			02/12/2020	

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 fing, a determination that would be made by a court of law.

counting Period: 2	2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM ID#
OBERGS CAE	BLEVISION INC.	774
SPECIAL ST The Satellite He lowing sentence "In deter service a scribers For more inform located in the p During the accor made by satelli X NO	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol	ub- Special Statement Concerning Gross Receipts Exclusion
For an explana	olete this worksheet for those royalty payments submitted as a result of a late payment or underpayment tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form he amount of late payment or underpayment	
Line 3 Multiply	y line 1 by the interest rate* and enter the sum here	days
* To view th contact th ** This is th NOTE: If you a	(interest charge ne interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance plea ne Licensing Division at (202) 707-8150 or licensing@loc.gov. ne decimal equivalent of 1/365, which is the interest assessment for one day late. re filing this worksheet covering a statement of account already submitted to the Copyright Office, plea wner, address, first community served, ID number, and accounting period as given in the original filing	ase
Owner Address ID number First community Accounting per		

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 th 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.