This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	ictions	are located	7/9/2020	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optional	- see instructions)	
B Owner		of the subsidiary, not that of the parent of List any other name or names under whic	orporation. h the owner conducts the business of t accounting period, only the owner on t se payment covering the entire account	he last day of the accounting period should s ting period.	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		STEELE CABLEVISION INC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF PO BOX 64	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite r STEELE ND 58482-0064	number)		
		(City, town, state, zip)			
С				ntify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	1:		
	2	(Number, street, rural route, apartment, or suite r	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#
Nume	STEELE CABLEVISION INC	23071
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	ommunities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	STEELE	ND
ommunity	WILTON	ND
		ND
ows as Necessary	WISHEK	ND
	WING	ND

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM ID
Name	STEELE CABLEVISION							010	2307
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable	
	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p	, , ,	,		,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						blo system	brokon	
scribers and	down by categories of secondar	•					,	,	
Rates	each category by counting the n			•		•			
	separately for the particular serv								
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·		,	iy standa	ird rate variation	is within a	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca					•••	•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-r	nand block. A tw	o- or thre	e-wora aescrip	lion of the	Service IS	
		DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIAD	LITO	TUTE	0/11			COBCOLUBEILO	TUT
	Service to first set		20	24.00					
	 Service to additional set(s) 		30	41.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES	5				
F	In General: Space F calls for ra	•	,		•	• •			
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar 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								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							twere not	
Nates	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable		• Mo	tel, hotel					
	 Pay cable—add'l channel 		-	mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cha	annel				
	Installation: Residential			e protection					
	• First set			rglar protection					
	 Additional set(s) 			services:					
			- Do						
	• FM radio (if separate rate)			connect					
	FM radio (if separate rate)Converter		• Dis	connect					
	, , ,		• Dis • Ou						

counting Period:	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Name	STEELE CABLEVISIO	DN INC		23071
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, idi carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute pagram basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including m 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 is explained in the next paragraph. a: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. 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 the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and all see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other tions. BPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	ne community with which the station	n is identified. 4. LOCATION OF STATION
	KBME-TV	22	E	PBS - BISMARCK, ND
	KFYR-TV	31.1	Ν	NBC - BISMARCK, ND
d Rows as Necessary	KFYR-TV	31.2	I-M	FOX - BISMARCK, ND
	KXMB	12	N	CBS - BISMARCK, ND
	KBMY	17	Ν	ABC - BISMARCK , ND
	KNDB	26.1	I	KNDB - Bismarck ND
	KNDB	26.2	I-M	BEK Sports Plus West - BISMARCK, ND
	KVLY-TV	44.1	Ν	NBC - FARGO, ND
	KVLY-TV	44.2	I-M	CBS - FARGO, ND
	KVRR	19	I	FOX - FARGO, ND
	WDAY-TV	21	Ν	ABC - FARGO, ND
	KFME	13	E	PBS - FARGO, ND
	KRDK-TV	38.1	I	COZI - FARGO, ND
	KRDK-TV	38.2	I-M	BEK Sports Plus East - FARGO, ND

EGAL NAME OF			ISTEM:					SYSTEM I 230
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	/ the sys be receint the Consign of the sign of the static ion's sign g a check of sign of the static	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated 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	
GALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
				Г	1	1	1	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	STEELE CABLEVISIO	N INC						23071
	SUBSTITUTE CARRIAG)G			
I	In General: In space I, ident	-	-			tion that ve	ur cable eve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	he general in	structions in	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this pr	an blank. If your answer	а "Vaa " манн	⊐ must sompl	-	
	Note: If your answer is "No	, leave the	rest of this pa	ige blank. If your answer i	s res, your	must compi	ete the prot	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if th	neir meanin	a is
	clear. If you need more spa				ee e .e .e .e			9.0
				vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			P9.		, -	,	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		consod by		in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitut			s, with the r	nonth
	first. Example: for May 7 gi					1		. (.).
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00-6:30 p.m."		a program car		1. 10 p.m. to t		. Should be	
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete une	ter FCC rules	s and regula	ations in	
		•			- 1			1
						N SUBSTI		
	S		E PROGRAM	1		AGE OCC		7. 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		IMES — TO	5
							-	
							=	
							_	
								"
							_	
								"
							<u> </u>	
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							_	
					1 [
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: STEELE CABLEVISION INC	SY	/STEM ID# 23071
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	9,260.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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.	163,800	
	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 t	his six-mon	
	accounting period is \$52.00	•	50.00
	Line 1. Royalty fee for accounting period		52.00 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	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		0.00
	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		
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing For and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2020/1							FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNE STEELE CABLEVIS	er of cable system: SION INC						SYSTEM II 2307
M Channels	 to its subscribers, and Enter the total num system carried telev Enter the total num on which the cable s 	ust give (1) the number of d (2) the cable system's t nber of channels on which vision broadcast stations nber of activated channel system carried television services	total numb th the cable the cable shatter the cable the cable the cable shatter total total total numbers the cable the cable the cable	e	annels during the a	accounting period		14 57
N Individual to Be Contacted for Further	we can contact about	CONTACTED IF FURTH t this statement of accourt ARMEN BIESTERF	nt.)	RMATION IS NE	EDED (Identify an i	ndividual to whor		701-475-1260
Information	Address PC (Nur ST	D BOX 230 Imber, street, rural route, apart IEELE ND 58482 y, town, state, 2ip) carmenb@beki	tment, or suit	te number)		Fox (optional) 701-475-2100	
O Certification	 I, the undersigned, he (Owner oth X (Agent of o in line 1 (Officer or in line 1 I have examined the 	s statement of account m ereby certify that (Check of her than corporation or p owner other than corpor 1 of space B and that the of r partner) I am an officer of 1 of space B. statement of account and d correct to the best of my 001(1986)]	one, <i>but oni</i> partnershi ration or pa owner is no (if a corpor- d hereby de y knowledg X Enter an e Enter sign	ip) I am the owner artnership) I am t ot a corporation or ration) or a partner eclare under penal ge, information, an /s/ Derrick B electronic signatur	es.) of the cable system he duly authorized a partnership; or r (if a partnership) of ity of law that all star d belief, and are ma culawa e on the line above t / signature'' (e.g., /s,	n as identified in li agent of the owne f the legal entity ic tements of fact cc ade in good faith.	ne 1 of space f or of the cable s dentified as ow	system as identified ner of the cable system
			CEO official positio	on held in corporation	or partnership)			
		Date:				July 9, 20	20	

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ounting Period: 2020/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ELE CABLEVISION INC	230
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statemen Concerning Gross Receipts Exclusio
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.	Q
	Q Interest Assessme
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	Q Interest Assessme
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	Q Interest Assessme
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