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	Return completed workbook by email to:					
	ary Transmissions by	DATE RECEIVED	AMOUNT					
Cable Syste	uctions are located of this workbook	08/26/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period)) Period 2 = July 1 - December 31					
Accounting Period		Barcode Data Filing Period (optional	- see instructions)					
	Instructions:							
В	Give the full legal name of the owner of th of the subsidiary, not that of the parent co		liary of another corporation, give the full corpor	rate title				
Owner	List any other name or names under which	h the owner conducts the business of th	e cable system.					
	If there were different owners during the single statement of account and royalty fe		e last day of the accounting period should subr ng period.					
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	2566				
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM						
	Pine Island Telephone Company							
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)						
	BEVCOMM MAILING ADDRESS OF OWNER OF							
	123 W 7th St	CABLE STSTEM						
	(Number, street, rural route, apartment, or suite r	number)						
	Blue Earth, MN 56013 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line							
System	IDENTIFICATION OF CABLE SYSTEM:		•	- ·				

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

(Number, street, rural route, apartment, or suite number)

1

2

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	Pine Island Telephone Company	2566							
D Area	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 known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Served	identified city.								
	CITY OR TOWN	STATE							
First	Pine Island	MN							
Community	Oronoco	MN							
	Bay City	WI							
d Rows as Necessary	Hager City	WI							

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	Pine Island Telephone Company									
F	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Coordon.	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Secondary Transmission	last day of the accounting period	, , ,	,	,			Jon the			
Service: Sub-						system, b	roken			
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).									
	Rate: Give the standard rate cl						and the			
	unit in which it is generally billed.									
	category, but do not include disc									
	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.	nd rates, in the	right-hand block	. A two- or three	e-wora descriptior	of the ser	VICE IS			
		OCK 1				BLOCK	2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI			FEGORY OF SEF	2VICE	NO. OF SUBSCRIBERS	RATE		
	Residential:	COBCOND				(VIOL	CODCORIDERCO	Totti		
	Service to first set		1,286 9	9.95						
	Service to additional set(s)		-,							
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAI	SMISSIONS: R	ATES						
E	In General: Space F calls for rate									
F		not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services								
Services	0		,	0		0()				
Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,									
Secondary	enter only the letters "PP" in the rate column.									
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) descrip						JIII OF A			
		BLO					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEGORY OF	SERVICE	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:		Installation: No							
	• Pay cable		 Motel, hotel 							
	• Pay cable—add'l channel		Commercial							
	Fire protection		 Pay cable 							
	•Burglar protection		• Pay cable-a	dd'l channel						
	Installation: Residential		Fire protection							
	First set	35.00	• Burglar prote							
	Additional set(s)		Other services:							
			Reconnect		25.00					
	• FM radio (if separate rate)									
	 FM radio (if separate rate) Converter 		Disconnect							
	, , ,			ation						
	, , ,		Disconnect Outlet reloca Move to new		45.00 45.00					

Name	LEGAL NAME OF OWNER (SYSTEM				
	Pine Island Telephone Company 256							
G Primary nsmitters: elevision	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(d)(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 educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper							
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION							
	KARE	11	N	MINNEAPOLIS/ST. PAUL, MN				
	KARE SXNOW	11.2	I	MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KARE SXNOW	11.2 10	I N					
ows as Necessary			I N I	MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC	10	 	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN				
ows as Necessary	KTTC KTTC-CW	10 10.2	 N 	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN				
ows as Necessary	KTTC KTTC-CW KMSP	10 10.2 9	<u>I</u>	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT	10 10.2 9 47		MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL	10 10.2 9 47 6	I I I N	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL KSTP	10 10.2 9 47 6 5	I I I N N	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL KSTP KSTP H&I	10 10.2 9 47 6 5 5.7	I I I N N N-M	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL KSTP KSTP H&I KTCA-MN	10 10.2 9 47 6 5 5.7 2.1	I I I N N N N-M E-M	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL KSTP KSTP H&I KTCA-MN WCCO	10 10.2 9 47 6 5 5 5.7 2.1 4	I I I N N N N-M E-M	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL KSTP KSTP H&I KTCA-MN WCCO WFTC	10 10.2 9 47 6 5 5.7 2.1 4 29	I I I N N N N-M E-M	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL KSTP KSTP H&I KTCA-MN WCCO WFTC KPXM	10 10.2 9 47 6 5 5 5.7 2.1 4 29 41	I I N N N-M E-M I I	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL KSTP KSTP H&I KTCA-MN WCCO WFTC KPXM KSTC	10 10.2 9 47 6 5 5.7 2.1 4 29 41 45	I I N N N N-M E-M N I I I I	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL KSTP KSTP H&I KTCA-MN WCCO WFTC KPXM KSTC KSTC THISTV	10 10.2 9 47 6 5 5.7 2.1 4 29 41 45 5.4	I I I N N N-M E-M E-M I I I I I I I I	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL KSTP KSTP H&I KTCA-MN WCCO WFTC KPXM KSTC KSTC THISTV KSTC-METV	10 10.2 9 47 6 5 5.7 2.1 4 29 41 45 5.4 5.3	I I I N N N-M E-M E-M I I I I I I I I	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL KSTP KSTP H&I KTCA-MN WCCO WFTC KPXM KSTC KSTC THISTV KSTC-METV WEUX	10 10.2 9 47 6 5 5.7 2.1 4 29 41 45 5.4 5.3 48	I I I N N N-M E-M E-M I I I I I I I I I I I I I I I I I I I	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN				
ows as Necessary	KTTC KTTC-CW KMSP KXLT KAAL KSTP KSTP H&I KTCA-MN WCCO WFTC KPXM KSTC KSTC THISTV KSTC-METV WEUX	10 10.2 9 47 6 5 5.7 2.1 4 29 41 45 5.4 5.3 48	I I I N N N-M E-M E-M I I I I I I I I I I I I I I I I I I I	MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN ROCHESTER, MN MINNEAPOLIS/ST. PAUL, MN ROCHESTER, MN AUSTIN, MN MINNEAPOLIS/ST. PAUL, MN				

LEGAL NAME O Pine Island	F OWNER OF (Telephone							SYSTEM ID 256
	t every radio s	station c) arried on a separate and discr enerally receivable by your cat					н
Special Instru receivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C	ctions Conce) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio state this by placing Give the station	rning A y the system be recent it the Coll I sign of the station is sign g a checon's locat	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. Inal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	Copyright Office at the system's h system's FM and this point, see pa sed by the cable he station is licer	regulations, a eadend, and (ienna, during age (v) of the system as a s nsed by the F0	an FM sig (2) it can certain s general separate	gnal is generally 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	
							·	

Accounting Perio	d: 2020/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Pine Island Telephone	Company	/					2566
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOO	3			
	In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor ccounting pe	nnetwork televis priod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> stati C rules, regula	ations, or au	uthorizations.	For a further
Substitute Carriage:					general moti			2 101111.
Special	1. SPECIAL STATEMENT	-						
Statement and	During the accounting peri	-	cable system	carry, on a substitute basis	s, any nonnei	work televi		
Program Log	broadcast by a distant stat	tion?				L	YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete	e the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				vherever pos	sible, if thei	r meaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute p	vrogram") tha	t during the	e accounting	
	period, was broadcast by a							ion
	under certain FCC rules, reg							
	Do not use general categori		vies" or "basket	ball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		cast live onter	"Yes." Otherwise enter "N	o."			
				sting the substitute program				
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice		FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Use	numerals,	with the mon	th
			substitute prod	gram was carried by your c	able system	I ist the tim	nes accuratel	v
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."							
	to delete under FCC rules a			was substituted for program				
	was substituted for program							a111
	effect on October 19, 1976.							
	S	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F			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 FROM	TIMES — TO	DELETION
		103 01 10	ONLE OIGH			TROM	10	
							_	
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1								

Accounting Period:	2020/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:
	Pine Island Telephone Company 256
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.
_	COPYRIGHT ROYALTY FEE
L 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 \$ 52.00
	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 \$ 52.00
	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
	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)
	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
	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)
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
	EFT Trace # or TRANSACTION ID # 26PPJT92
	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.

to its subscribers, and (2) the cable system's total number of activated channels during the ac Channels 1. Enter the total number of channels on which the cable		FORM SA1-2E. PAGE 7		
M Channels Instructions: You must give (1) the number of channels on which the cable system carried terms total number of activated channels during the activated channels M Channels I. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services N Individual to Be Contacted for Further Information INDVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an into we can contact about this statement of account.) Bit deviation Address 123 W 7th St (Wamber, street, runi route, apartment, or sule number) Blue Earth, MN 56013 (Carry town, state, rap) Enail gpederson@bevcomm.com Contrification I. It he undersigned, hereby certify that (Check one, but only one, of the boxes.) O O Cortification Certificat of owner other than corporation or partnership) I am the duly authorized age in line 1 of space B and that the owner is not a coopration or partnership) of the in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statem are true, complete, and correct to the bast of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1980)] Image of printed name: Ariette Dutton Typed or printed name: Ariette Dutton True: Chief Financial Officer		SYSTEM ID# 2566		
Individual to Be Contacted for Further information Name Gloria Pederson Address 123 W 7th St (Number, street, rursi route, apartment, or suite number) Blue Earth, MN 56013 (City, town, state, zp) Email gpederson@bevcomm.com O Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the cable system as in line 1 of space B and that the owner is not a corporation or partnership) of the in line 1 of space B. • 1 have examined the statement of account and hereby declare under penalty of law that all statem are true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)] Ty	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations of its subscribers, and (2) the cable system's total number of activated channels during the accounting period. I. Enter the total number of channels on which the cable system carried television broadcast stations			
Information Address 123 W 7th St (Number, street, rural route, apartment, or sulle number) BiLe Earth, MN 56013 (City, town, state, zip) Email gpederson@bevcomm.com O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Comparison of the thermal corporation or partnership) I am the owner of the cable system as (Agent of owner other than corporation or partnership) I am the duly authorized age in line 1 of space B and that the owner is not a corporation or partnership) of the in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statem are true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)] Typed or printed name: Arlette Dutton Typed or printed name: Arlette Dutton Title: Chief Financial Officer	า individual to whom			
(Number, street, rural route, apartment, or suite number) Blue Earth, MN 56013 (City, town, state, zip) Email gpederson@bevcomm.com O Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as (Agent of owner other than corporation or partnership) I am the duly authorized age in line 1 of space B and that the owner is not a corporation or partnership, or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the in line 1 of space B. • 1 have examined the statement of account and hereby declare under penalty of law that all statem are true, complete, and correct to the best of my knowledge, information, and belief, and are made (18 U.S.C., Section 1001(1986)) Enter an electronic signature on the line above to the Enter signature using an "/s/ signature" (e.g., /s/) Typed or printed name: Arlette Dutton Title: Chief Financial Officer	Telephone	507-526-3252		
(City, town, state, zep) Email gpederson@bevcomm.com O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • (Owner other than corporation or partnership) I am the owner of the cable system as • (Agent of owner other than corporation or partnership) I am the duly authorized age in line 1 of space B and that the owner is not a corporation or partnership) of the in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statem are true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)] • Typed or printed name: Arlette Dutton Typed or printed name: Arlette Dutton Title: Chief Financial Officer				
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	n as identified in line 1 of space B agent of the owner of the cable sy f the legal entity identified as own itements of fact contained herein ade in good faith.	; or ystem as identified		
Date:	8/26/2020			

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 its placement in t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lav

ccounting Period: 2	2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID#
ine Island Tele	phone Company	2566
SPECIAL ST The Satellite H lowing sentenc "In dete service scribers For more inforr 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-	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
You must comp	ASSESSMENT 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.	Q
Line 1 Enter t	he amount of late payment or underpayment	Interest Assessment
	x	
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	
Line 3 Multiply	x days y line 2 by the number of days late and enter the sum here	
Line 4 Multiply	y line 3 by 0.00274** and enter here	
in space	e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	ne interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please ne Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is th	e 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, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First communit Accounting per		

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