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

STATEME	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondar Cable Syster	ry Transmissions by ms (Short Form) ctions are located	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab c	of this workbook	8/13/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y)	/YY/(Period))	

		2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Midcontinent Communications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 5040 (Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040 (City, town, state, zip)
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: Cooperstown, ND
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040 (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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name		
	Midcontinent Communications	289
D	"a separate and distinct community or municipal entity (including uni	n. A "community" is the same as a "community unit" as defined in FCC rul ncorporated communities within unincorporated areas and including singl unity that you list will serve as a form of system identification hereafter kn uture filings.
	Note: Entities and properties such as hotels, apartments, condominiu	ms, or mobile home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Cooperstown	ND
Community	Binford	ND
	Carrington	ND
ld Rows as Necessary	Hannaford	ND
,	Норе	ND
	Kensal	ND
	New Rockford	ND
	Page	ND
	Wimbledon	ND

								FORM SA1-	2E. PAGE TEM IC
Name	LEGAL NAME OF OWNER OF C Midcontinent Communi		:					313	2890
		cations							
Е	SECONDARY TRANSMISSION								
<b>L</b>	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	•				,		C C	
Service: Sub- scribers and	Number of Subscribers: Both	•							
Rates	down by categories of secondar each category by counting the n	•		•					
	separately for the particular serv	vice at the rate	indicate	ed—not the nur	nber of se	ts receiving serv	vice).	C C	
	Rate: Give the standard rate of	-	-	•			-		
	unit in which it is generally billed category, but do not include disc	· ·		,			s within a		
	Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,.		
	sufficient.		0						
	BLO	OCK 1 NO. OF					BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:				_	_			
	Service to first set		695	22.95		ss Accounts		43	22.
	Service to additional set(s)					ef Converter		238	8.
	• FM radio (if separate rate)					gs Homes		191	9.
	Motel, hotel Commercial		166	22.00	Hospita	ais		15	4.
	Converter		166 948	22.00 3.00					
	Residential		540	0.00					
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		-	• •			
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services		,		0		0.0		
Other Than	amount of the charge and the ur		usually	v billed. If any r	ates are cl	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cabl	e system for e	ach of the	applicable servi	ces listed		
Rates	Block 2: List any services that			•				were not	
	listed in block 1 and for which a				ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.			1		
		BLO	CK 1					BLOCK 2	
		1					CATEGO	DRY OF SERVICE	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	UNILOU		RAT
	Continuing Services:	RATE	Install	ation: Non-res					
	Continuing Services: • Pay cable	1	Install • Mo	ation: Non-res tel, hotel		50.00	Cinema	x	16.
	Continuing Services:	RATE	Install • Mo • Co	ation: Non-res				ex 1	16.0 10.0
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Install • Mo • Co • Pa	<b>ation: Non-res</b> tel, hotel mmercial	idential	50.00	Cinema Digital Showti	ex 1	RAT 16.0 10.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Install • Mo • Co • Pa • Pa	<b>ation: Non-res</b> tel, hotel mmercial y cable	idential	50.00	Cinema Digital Showti	ex 1 me	16.0 10.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installa • Mo • Co • Pa • Pa • Fire	<b>ation: Non-res</b> tel, hotel mmercial y cable y cable-add'l cl	i <b>dential</b> nannel	50.00	Cinema Digital Showti Starz!8 TMC	ex 1 me	16.0 10.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 16.00 35.00	Install • Mo • Co • Pa • Pa • Fire • But	<b>ation: Non-res</b> tel, hotel mmercial y cable y cable-add'l cl e protection	i <b>dential</b> nannel	50.00	Cinema Digital Showti Starz!& TMC Dig Spo	ax 1 me Encore	16.0 10.0 16.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE 16.00 35.00	Install • Mo • Co • Pa • Pa • Fire • Bul Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	i <b>dential</b> nannel	50.00	Cinema Digital Showti Starz!& TMC Dig Spo	ax 1 me Encore orts & Variety	16.0 10.0 16.0 16.0 16.0 9.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 16.00 35.00	Install • Mo • Co • Pa • Fire • Bui Other • Re	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	i <b>dential</b> nannel	50.00	Cinema Digital Showti Starz!& TMC Dig Spo	ax 1 me Encore orts & Variety	16. 10. 16. 16. 16. 9.
	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 16.00 35.00	Installa • Mo • Co • Pa • Fire • Bu • Bu • Re • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	i <b>dential</b> nannel	50.00	Cinema Digital Showti Starz!& TMC Dig Spo	ax 1 me Encore orts & Variety	16. 10. 16. 16. 16. 9.

	LEGAL NAME OF OWNER O	E CARLE SYSTEM		SYSTEM
Name				28
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain s ried by your cable system on a s e Special Statement and Program both on a substitute basis and al ee page (v) of the general instru- ogram services such as HBO, Es air designation. For example, re- ision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCGE-DT	16	E	CROOKSTON, MN (PBS)
	KCGE-DT2	16.2	E-M	CROOKSTON, MN(PBSWRLD/LF)
d Rows as Necessary	KCGE-DT3	16.3	E-M	CROOKSTON,MN(PBS MN HD)
	KCGE-DT4	16.4	E-M	CROOKSTON,MN(PBS KIDS)
	KJRR-DT	7	I	JAMESTOWN, ND (FOX)
		····		
	KJRR-DT2	7.2	I-M	JAMESTOWN,ND(ANTENNA)
	KJRR-DT2 KRDK-DT	7.2 24	I-M I	JAMESTOWN,ND(ANTENNA) VALLEY CITY, ND (COZI TV HD)
			-	
	KRDK-DT	24	<u> </u>	VALLEY CITY, ND (COZI TV HD)
	KRDK-DT KVLY-DT	24 36	l N	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC)
	KRDK-DT KVLY-DT KVLY-DT2	24 36 36.2	I N N-M	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB)
	KRDK-DT KVLY-DT KVLY-DT2 KVLY-DT3	24 36 36.2 36.3	I N N-M I-M	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (ME TV)
	KRDK-DT KVLY-DT KVLY-DT2 KVLY-DT3 KXJB-LD2	24 36 36.2 36.3 30.2	I N N-M I-M I-M	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (ME TV) HORACE, ND (CW)
	KRDK-DT KVLY-DT KVLY-DT2 KVLY-DT3 KXJB-LD2 KXJB-LD3	24 36 36.2 36.3 30.2 30.3	I N N-M I-M I-M I-M	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (ME TV) HORACE, ND (CW) HORACE, ND (HEROES)
	KRDK-DT KVLY-DT KVLY-DT2 KVLY-DT3 KXJB-LD2 KXJB-LD3 WDAZ-DT	24 36 36.2 36.3 30.2 30.3 8	I N N-M I-M I-M I-M N	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (CBS-KXJB) HORACE, ND (ME TV) HORACE, ND (CW) HORACE, ND (HEROES) DEVILS LAKE, ND (ABC)
	KRDK-DT KVLY-DT KVLY-DT2 KVLY-DT3 KXJB-LD2 KXJB-LD3 WDAZ-DT WDAY-DT3	24 36 36.2 36.3 30.2 30.3 8 21.3	I N N-M I-M I-M I-M N I-M	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (CBS-KXJB) HORACE, ND (ME TV) HORACE, ND (CW) HORACE, ND (HEROES) DEVILS LAKE, ND (ABC) FARGO, ND (WDAY'Z XTRA HD)
	KRDK-DT KVLY-DT KVLY-DT2 KVLY-DT3 KXJB-LD2 KXJB-LD3 WDAZ-DT WDAY-DT3	24 36 36.2 36.3 30.2 30.3 8 21.3	I N N-M I-M I-M I-M N I-M	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (CBS-KXJB) HORACE, ND (ME TV) HORACE, ND (CW) HORACE, ND (HEROES) DEVILS LAKE, ND (ABC) FARGO, ND (WDAY'Z XTRA HD)
	KRDK-DT KVLY-DT KVLY-DT2 KVLY-DT3 KXJB-LD2 KXJB-LD3 WDAZ-DT WDAY-DT3	24 36 36.2 36.3 30.2 30.3 8 21.3	I N N-M I-M I-M I-M N I-M	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (CBS-KXJB) HORACE, ND (ME TV) HORACE, ND (CW) HORACE, ND (HEROES) DEVILS LAKE, ND (ABC) FARGO, ND (WDAY'Z XTRA HD)
	KRDK-DT KVLY-DT KVLY-DT2 KVLY-DT3 KXJB-LD2 KXJB-LD3 WDAZ-DT WDAY-DT3	24 36 36.2 36.3 30.2 30.3 8 21.3	I N N-M I-M I-M I-M N I-M	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (CBS-KXJB) HORACE, ND (ME TV) HORACE, ND (CW) HORACE, ND (HEROES) DEVILS LAKE, ND (ABC) FARGO, ND (WDAY'Z XTRA HD)
	KRDK-DT KVLY-DT KVLY-DT2 KVLY-DT3 KXJB-LD2 KXJB-LD3 WDAZ-DT WDAY-DT3	24 36 36.2 36.3 30.2 30.3 8 21.3	I N N-M I-M I-M I-M N I-M	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (CBS-KXJB) HORACE, ND (ME TV) HORACE, ND (CW) HORACE, ND (HEROES) DEVILS LAKE, ND (ABC) FARGO, ND (WDAY'Z XTRA HD)
	KRDK-DT KVLY-DT KVLY-DT2 KVLY-DT3 KXJB-LD2 KXJB-LD3 WDAZ-DT WDAY-DT3	24 36 36.2 36.3 30.2 30.3 8 21.3	I N N-M I-M I-M I-M N I-M	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (CBS-KXJB) HORACE, ND (ME TV) HORACE, ND (CW) HORACE, ND (HEROES) DEVILS LAKE, ND (ABC) FARGO, ND (WDAY'Z XTRA HD)
	KRDK-DT KVLY-DT KVLY-DT2 KVLY-DT3 KXJB-LD2 KXJB-LD3 WDAZ-DT WDAY-DT3	24 36 36.2 36.3 30.2 30.3 8 21.3	I N N-M I-M I-M I-M N I-M	VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (ME TV) HORACE, ND (CW) HORACE, ND (HEROES) DEVILS LAKE, ND (ABC) FARGO, ND (WDAY'Z XTRA HD)

Midcontiner	F OWNER OF ( It Commun							SYSTEM 289
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. Mentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process 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 e station is licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0	) it can ertain st eneral ii eparate a	be expected, ated 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	

Accounting Perio	od: 2020/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Midcontinent Commu	nications					28905
	SUBSTITUTE CARRIAG				G		
I I		-	-			tion that your acti	a avetam corriged are -
•	In General: In space I, ident substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				general in		
Special		-				activers television	program
Statement and	During the accounting per	-	ui cable syster	in carry, on a substitute ba	sis, any nom		
Program Log	broadcast by a distant sta	tion?				<b>I</b> YE	ES X NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you i	must complete the	e program
	log in block 2.		·			·	
	2. LOG OF SUBSTITUTI	E PROGRA	MS				
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if their me	eaning is
	clear. If you need more spa				·	,	0
				vision program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.			etball. List specific progra		example, 1 Love L	
			dcast live, ent	er "Yes." Otherwise enter '	"No."		
				asting the substitute prog			
				the community to which th			C or, in
	the case of Mexican or Car						the menth
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerals, with	the month
			e substitute pr	ogram was carried by you	r cable syste	m List the times a	accurately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."						
				n was substituted for prog			
	to delete under FCC rules a was substituted for program						
	effect on October 19, 1976		your system w			s and regulations i	
						N SUBSTITUTE	
	S		E PROGRAM			AGE OCCURRE	D 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	6. TIMES FROM —	то
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT		
						_	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	Midcontinent Communications				28905
K Gross Receipts	GROSS RECEIPTS           Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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 re	ystem's se on of how to	condary transm o compute this a	ission service amount, see	<b>5,671.11</b> oss 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 l Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less than nformation	an \$527,600 I.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this 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 lin	nes 1 and 2	2	· · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	195,671.11		
	3. Subtract line 2 from line 1	\$	68,128.89		
	4. Enter the amount of gross receipts from space K		. <b>\$</b> 1	195,671.11	
	5. Enter the amount from line 3		. \$	68,128.89	
	6. Subtract line 5 from line 4		<b>\$</b> 1	127,542.22	
	7. Multiply line 6 by .005 (enter figure here)			\$	637.71
	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		\$	637.71
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	637.71	
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			\$	657.71
	Important: Your remittance must be in the form of an electronic payı See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: t Communications	SYSTEM ID# 28905
M Channels	<ol> <li>to its subscribe</li> <li>Enter the tot system carrie</li> <li>Enter the tot on which the</li> </ol>	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	15 374
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Wynne Haakenstad Telephone 952-8	844-2622
	Address	3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435 (City, town, state, zip)	
	Email	wynne.haakenstad@midco.com Fax (optional)	
O Certification	I, the undersig     (Own     (Age     i     X     (Off     i     i     I have examin     are true, compl	IN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of time 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		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: Wynne Haakenstad Title: Director of Programming (Title of official position held in corporation or partnership)	
		Date: 8/3/20	

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

ounting Period: 2020/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
dcontinent Communications	2890
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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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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 Assessmen
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