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	INT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
	ctions are located of this workbook	8/13/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
	INCTO	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		South Heart, 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 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#
Humo	Midcontinent Communications	29666
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me narks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	South Heart	ND
Community	Belfield	ND
	Dickinson (Dickinson-outs now reports with Dickinson)	ND
Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM ID
Name	Midcontinent Communi							010	2966
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of th	ie cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	<b>`</b>		,	,	,	able system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n					•	•	charged	
	separately for the particular serv							a and the	
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· ·		,	., otaniaa				
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			Ũ		0			
	subscriber who pays extra for ca								
	first set" and would be counted o					aamiaa that an	a different fo	and the and	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.	0.014.4					<u> </u>		
	BLC	OCK 1 NO. OF	:				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		505			ss Accounts		33	22.9
	Service to additional set(s)				Hign De	ef Converter	r	156	8.0
	• FM radio (if separate rate) Motel, hotel		77	9.00					
	Commercial		, , 99	9.00 72.95					
	Converter		597	3.00					
	Residential			0.00					
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rain not covered in space E, that is, t		,		•	• •			
-	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	/ billed. If any ra	tes are ch	narged on a var	iable per-pro	ogram basis,	
ransmissions:	Block 1: Give the standard rat		the cabl	le system for ea	ch of the a	applicable servi	ices listed.		
Rates	Block 2: List any services that	t your cable sy	stem fu	rnished or offere	ed during	the accounting	period that	were not	
	listed in block 1 and for which a brief (two- or three-word) description				shed. List	these other ser	rvices in the	form of a	
	bhei (two- or three-word) descrip	buon and includ	ue ine r	ale for each.					
		BLO			"05	<b>D</b> 4 <b>T C</b>	0.175.0.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE	-	GORY OF SER\ ation: Non-resi	-	RATE	CATEGO	RY OF SERVICE	RATE
	Pay cable	16.00		itel, hotel	aonnai	50.00	Digital 1		10.0
	Pay cable—add'l channel			mmercial		50.00	Digital \		3.5
	Fire protection		• Pa	y cable				rts & Vareity	9.0
	•Burglar protection			y cable-add'l cha	annel		Starz!&		16.0
	Installation: Residential		• Fire	e protection			Cinema	X	16.0
			• Bu	rglar protection			ТМС		16.0
	• First set	35.00		• •			Digital P		
			Other	services:			Digital	Espanol	4.0
	• First set			•		75.00	Digital	Espanol	
	• First set • Additional set(s)		•Re	services:		75.00 -	Digital E	Espanol	
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Re • Dis	services: connect		75.00 - 25.00		Espanol	

	LEGAL NAME OF OWNER OF	E CARLE SYSTEM		SYSTEM
Name	Midcontinent Commu			296
	PRIMARY TRANSMITTERS:			
		entify every television station (including to		televicion stations)
G		entity every television station (including the accounting period, except		
Dulingant	5	in effect on June 24, 1981, permitting the $a^{1/2}$ and $(4)$ or 76.62 (referring to 76.61		
Primary ransmitters:	substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.		
Television	Substitute Basis Stations	s: With respect to any distant stations car	rried by your cable system on a su	ubstitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the
	station was carried <i>only</i> on		- the second all	
	basis. For further information	also in space I, if the station was carried on concerning substitute basis stations, s	see page (v) of the general instruc	ctions.
	Column 1: List each station	n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	rogram services such as HBO, ES	SPN, etc. Identify each
	"WETA-2" as the same on t	the form.		
		el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	vision station for broadcasting ove	r the air in its community
	Column 3: Indicate in each	h case whether the station is a network s		
		ering the letter "N" (for network), "N-M" (for network), "N-M" (for noncommercial educational), or		
	For the meaning of these te	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,
	Column 4: Give the locatio	on of each station. For U.S. stations, list t idian stations, if any, give the name of the	the community to which the station	,
		alan stations, il any, give the name of the	e community with which the state	n is idenuirea.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBMY-DT	17	N	BISMARCK, ND (ABC)
	KBMY-DT2	17.2	I-M	BISMARCK, ND (TJN)
	KBMY-DT3	17.3	I-M	BISMARCK,ND(WDAY XTRAHD)
Rows as Necessary	KBMY-DT3 KDSE-DT	17.3 9	E	BISMARCK,ND(WDAY XTRAHD) DICKINSON, ND (PBS)
Rows as Necessary				
Rows as Necessary	KDSE-DT	9	E	DICKINSON, ND (PBS)
Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3	9 9.2 9.3	E E-M	DICKINSON, ND (PBS) DICKINSON,ND(PBS WRLD/LIF) DICKINSON, ND (PBS MN HD)
Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4	9 9.2 9.3 9.4	E E-M E-M	DICKINSON, ND (PBS) DICKINSON,ND(PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS)
Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT	9 9.2 9.3 9.4 24	E E-M E-M E-M I	DICKINSON, ND (PBS) DICKINSON,ND(PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES)
Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2	9 9.2 9.3 9.4 24 31.2	E E-M E-M E-M I I I-M	DICKINSON, ND (PBS) DICKINSON,ND(PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX)
Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT	9 9.2 9.3 9.4 24	E E-M E-M E-M I	DICKINSON, ND (PBS) DICKINSON, ND (PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC)
Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2	9 9.2 9.3 9.4 24 31.2	E E-M E-M E-M I I I-M	DICKINSON, ND (PBS) DICKINSON,ND(PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX)
Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT	9 9.2 9.3 9.4 24 31.2 7	E E-M E-M I I I-M N	DICKINSON, ND (PBS) DICKINSON, ND (PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC)
l Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3	9 9.2 9.3 9.4 24 31.2 7 7.3	E E-M E-M I I I-M N	DICKINSON, ND (PBS) DICKINSON, ND (PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV)
I Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3 KXMA-DT	9 9.2 9.3 9.4 24 31.2 7 7 7.3 19	E E-M E-M I I I-M N I-M I I	DICKINSON, ND (PBS) DICKINSON, ND (PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV) DICKINSON, ND (CW)
Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3 KXMA-DT	9 9.2 9.3 9.4 24 31.2 7 7 7.3 19	E E-M E-M I I I-M N I-M I I	DICKINSON, ND (PBS) DICKINSON, ND (PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV) DICKINSON, ND (CW)
I Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3 KXMA-DT	9 9.2 9.3 9.4 24 31.2 7 7 7.3 19	E E-M E-M I I I-M N I-M I I	DICKINSON, ND (PBS) DICKINSON, ND (PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV) DICKINSON, ND (CW)
I Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3 KXMA-DT	9 9.2 9.3 9.4 24 31.2 7 7 7.3 19	E E-M E-M I I I-M N I-M I I	DICKINSON, ND (PBS) DICKINSON,ND(PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV) DICKINSON, ND (CW)
I Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3 KXMA-DT	9 9.2 9.3 9.4 24 31.2 7 7 7.3 19	E E-M E-M I I I-M N I-M I I	DICKINSON, ND (PBS) DICKINSON, ND (PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV) DICKINSON, ND (CW)
I Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3 KXMA-DT	9 9.2 9.3 9.4 24 31.2 7 7 7.3 19	E E-M E-M I I I-M N I-M I I	DICKINSON, ND (PBS) DICKINSON, ND (PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV) DICKINSON, ND (CW)
I Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3 KXMA-DT	9 9.2 9.3 9.4 24 31.2 7 7 7.3 19	E E-M E-M I I I-M N I-M I I	DICKINSON, ND (PBS) DICKINSON, ND (PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV) DICKINSON, ND (CW)
I Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3 KXMA-DT	9 9.2 9.3 9.4 24 31.2 7 7 7.3 19	E E-M E-M I I I-M N I-M I I	DICKINSON, ND (PBS) DICKINSON, ND (PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV) DICKINSON, ND (CW)
I Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3 KXMA-DT	9 9.2 9.3 9.4 24 31.2 7 7 7.3 19	E E-M E-M I I I-M N I-M I I	DICKINSON, ND (PBS) DICKINSON,ND(PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV) DICKINSON, ND (CW)
I Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3 KXMA-DT	9 9.2 9.3 9.4 24 31.2 7 7 7.3 19	E E-M E-M I I I-M N I-M I I	DICKINSON, ND (PBS) DICKINSON,ND(PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV) DICKINSON, ND (CW)
I Rows as Necessary	KDSE-DT KDSE-DT2 KDSE-DT3 KDSE-DT4 KNDM DT KFYR-DT2 KQCD-DT KQCD-DT3 KXMA-DT	9 9.2 9.3 9.4 24 31.2 7 7 7.3 19	E E-M E-M I I I-M N I-M I I	DICKINSON, ND (PBS) DICKINSON,ND(PBS WRLD/LIF) DICKINSON, ND (PBS MN HD) DICKINSON, ND (PBS KIDS) MINOT, ND (HEROES) BISMARCK, ND (FOX-KNDX) DICKINSON, ND (NBC) DICKINSON, ND (ME TV) DICKINSON, ND (CW)

ccounting Period:	2020/1			FORM SA1-2E. PAGE
News	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Midcontinent Commu	nications		2966
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>G</b> Primary Transmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	translator stations and low power tele t (1) stations carried only on a part-tin he carriage of certain network program 61(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections
Television	Substitute Basis Stations: basis under specific FCC ru	With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (f	arried by your cable system on a subs the Special Statement and Program Lo	
	List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the sa	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form.	ed both on a substitute basis and also , see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over th	ns. v, etc. Identify each t multistream
	of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial educatior	noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OI								SYSTEM   296
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	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 a 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 par ed by the cable s e station is licens	adend, and (2 anna, during ce ge (v) of the ge ystem as a se sed by the FC0	) it can ertain st eneral in parate 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	
	7 01 1 111	0,2			7 0. 1	0,2		
							·	

Accounting Perio	od: 2020/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Midcontinent Commu	nications						29666
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	DG			
	In General: In space I, ident	-	-			tion that you	ur ophlo ovo	tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	During the accounting per				asis any non	network telev	vision nroa	ram
Statement and				in ourry, on a substitute be	usis, any non			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				•		
				er "Yes." Otherwise enter				
				casting the substitute prog		aanaad by th		in
	the case of Mexican or Car			the community to which the community with which the				In
				stem carried the substitut			, with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syster	n was <i>rea</i> u	ired
	to delete under FCC rules							
	was substituted for program							9.5
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5	1	E PROGRAM			AGE OCCL 6. TI		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	– TO	
							-	
							-	
						_	-	
							-	
							-	
						_	_	
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Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	Midcontinent Communications				29666
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 explanation page (viii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period	ystem's se on of how t	condary transm o compute this a	ission service amount, see	5,882.52
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 tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	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		
	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	\$	155,882.52		
	3. Subtract line 2 from line 1	\$	107,917.48		
	4. Enter the amount of gross receipts from space K		. <b>\$</b> 1	55,882.52	
	5. Enter the amount from line 3		. <b>\$</b> 1	07,917.48	
	6. Subtract line 5 from line 4		\$	47,965.04	
	7. Multiply line 6 by .005 (enter figure here)			\$	239.83
	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		\$	239.83
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (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				
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	239.83	
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			\$	259.83
	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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 29666
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on volume television broadcast stations and nonbroadcast services	13 380
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		952-844-2622
	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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified ner of the cable system
	X       /s/ Wynne Haakenstad         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: 8/10/20	

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Icontinent Communications	2966
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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> </ul> </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> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
	_
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
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