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	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:		
	ary Transmissions by	DATE RECEIVED	AMOUNT			
General instru	ems (Short Form) actions are located of this workbook	8/25/2020	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED I	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 th of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title		
Owner	List any other name or names under which	n the owner conducts the business of th	he cable system.			
	If there were different owners during the a single statement of account and royalty fe	.	he last day of the accounting period should su ting period.	ıbmit a		
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	33793		
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM				

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		FT RANDALL CABLE SYSTEMS INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1104 19TH AVE SW #B
		(Number, street, rural route, apartment, or sulte number)
		WILLMAR, MN 56201
		(City, town, state, zip)
С		RUCTIONS: 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.
C System		
C System		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.
C System		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.
C System		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.
C System	name: 1	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. IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:
C System	name: 1	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. IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:
C System	name: 1	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. IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	FT RANDALL CABLE SYSTEMS INC	33793
	Instructions: List each separate community served by the cable system. A "com	
	"a separate and distinct community or municipal entity (including unincorporate	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future filing	
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	LAKE LILLIAN	MN
Community		
Rows as Necessary		

	1							FORM SA1	-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID 3379	
	FT RANDALL CABLE SYSTEMS INC									
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES					
E		In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information								
Secondary	system, that is, the retransmission about other services (including p									
Transmission										
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged									
Rates	each category by counting the n separately for the particular serv		-	•••		•		charged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	. (Example: "\$2	20/mth"). Summarize a	ny standa	ard rate variatior	s within a	- particular rate		
	category, but do not include disc									
	Block 1: In the left-hand block systems most commonly provide	•		Ű						
	that applies to your system. Not							• •		
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the		
	first set" and would be counted o									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is									
	sufficient.									
	BLC	DCK 1	CK 1 BLOCK 2							
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		32	75.45						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		s					
-	In General: Space F calls for ra					all your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t									
Comisso	service for a single fee. There ar furnished at cost or (2) services									
Services Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		iogram zaolo,		
ransmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE	
	Continuing Services:	TUTE		ation: Non-res		TUTE	ONTEOR			
	• Pay cable	10.95	• Mo	tel, hotel						
	• Pay cable—add'l channel	11.95		mmercial						
	• Fire protection		_	y cable						
	•Burglar protection			y cable-add'l ch	annel					
	Installation: Residential			e protection						
	First set	20.00		glar protection						
	Additional set(s)			services:						
	• FM radio (if separate rate)			connect		20.00				
	Converter			connect		N/A				
			• Ou	tlet relocation		20.00				
				tlet relocation ve to new addr	999	20.00 20.00				

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEI					
Name	FT RANDALL CABLE	E SYSTEMS INC		3:					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC	dentify every television station (including t em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations can rules, regulations, or authorizations: are in space G—but do list it in space I (th	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain s rried by your cable system on a s	t-time basis under grams [sections tations carried on a substitute program					
	basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on	I also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- n the form.	see page (v) of the general instru ogram services such as HBO, E air designation. For example, re	ctions. SPN, etc. Identify each port multistream					
	 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 SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the 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	4. LOCATION OF STATION						
	WYCW	23	N	MINNEAPOLIS, MN					
	WFTC	29	Ν	MINNEAPOLIS, MN					
ws as Necessary	КЅТС	45	I	MINNEAPOLIS, MN					
Rows as Necessary	KSAX	42	Ν	ALEXANDRIA, MN					
	NJAA								
	KCCO	7	Ν	ALEXANDRIA, MN					
			N						
	KCCO			ALEXANDRIA, MN					
	KCCO KMSP	9	N	ALEXANDRIA, MN MINNEAPOLIS, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					
	KCCO KMSP KWCM	9 10	N E	ALEXANDRIA, MN MINNEAPOLIS, MN APPLETON, MN					

LEGAL NAME OI									SYSTEM 337
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cab						н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo	it is carried by monitoring, to prmation abou rm. dentify the call	y the sys be recei It the Co sign of e	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried.	at tl sys	he system's he stem's FM ante	adend, and (2 nna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If signal, indicate Column 4: G	the radio stati this by placing live the statior	ion's sigi g a checl n's locati	n is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	he	station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							··		
							·		
							·		
							··		
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				-					

Accounting Peric	-						FORM	I SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	FT RANDALL CABLE	SYSTEMS	SINC					33793
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every no	nnetwork telev	<i>ision program</i> , broadcast by	a distant sta	tion, that yo	ur cable sys	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 		ur cable syster	n carry, on a substitute ba	sis, any noni	network tele	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you	must comple	ete the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if th	ieir meaning	g is
				vision program ("substitute	e program") t	hat, during t	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				onanipio, i		
				er "Yes." Otherwise enter ' casting the substitute progr				
		0		the community to which the		censed by t	he FCC or.	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	lentified).		
	Column 5: Give the more first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerals	s, with the n	nonth
			e substitute pr	ogram was carried by you	r cable syste	m. List the t	imes accura	ately
	to the nearest five minutes							
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour syste	m was <i>requ</i>	uired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	er FCC rules	s and regula	itions in	-
	effect on October 19, 1976							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCCI	JRRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
							_	
							_	
							_	
						-	_	
						-	_	
							_	
1	1				1			1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	STEM ID# 33793
			33/93
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.	ission service amount, see	I,395.50 ss 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 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.	263,800	
	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	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		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 \$137,10	00)	-
	1. Base amount under statutory formula		
	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 \$ 263,800.00		
	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 Fee and Total Remittance	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		hts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SYSTEM ID# 33793
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 which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	8 43
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	Name KRISTI HILBRANDS Telephone	320-847-7104
	Address 1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 (City, town, state, zip)	
	Email kristih@hcinet.net Fax (optional) 320-847-7123	}
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. 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)] 	system as identified ner of the cable system
	Image: A gradient of the second se	

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counting Period: 2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
RANDALL CABLE SYSTEMS INC	33793
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 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. 	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	

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