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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
9/1/2020	\$ ALLOCATION NUMBER

Return completed workbook by email to:

### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_	1	
A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20201 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
	<u> </u>	Laboration.
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
		Venture Communications Coop.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 157 (Number, street, rural route, apartment, or suite number)
		Highmore, SD 57345
		(City, town, state, zp)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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		IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Perio	d: 2020/1
	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	Venture Communications Coop. 4810
D	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.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.

Served	identified City.	
First	I	
Community	CITY OR TOWN	STATE
•	Highmore	SD
Add Rows as Necessary	Blunt	SD
,	Bowdle	SD
	Cresbard	SD
	East Onida	SD
	Faulkton	SD
	Gettysburg	SD
	Harrold	SD
	Hoven	SD
	Lebanon	SD
	Onaka	SD
	Onida	SD
	Orient	SD
	Pierre	SD
	Ree Heights	SD
	Roscoe	SD
	Selby	SD
	Seneca	SD
	Tolstoy	SD
	West Onida	SD

Name  LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID	counting Perio	l: 2020/1	
Name  Venture Communications Coop.  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 identified city.			FORM SA1-2E. PAGE 1b
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"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 identified city.	Name	Venture Communications Coop.	4810
		"a separate and distinct community or municipal entity (including unincorporated communities within unin discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form 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 referred.	corporated areas and including single, of system identification hereafter known

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Venture Communications Coop.** 

SYSTEM ID# 4810

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 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 separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those 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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	2,063	101.91	Core	113	19.76	
<ul> <li>Service to additional set(s)</li> </ul>			My Choice	100	50.00	
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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 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, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**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.

BLOCK 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	13.95	Motel, hotel	150.00		set top box	9.50
<ul> <li>Pay cable—add'l channel</li> </ul>	18.95	Commercial	150.00			
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
<ul> <li>First set</li> </ul>	150.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	-	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	49.95			
Converter		Disconnect				
		Outlet relocation	49.95			
		<ul> <li>Move to new address</li> </ul>	49.95			

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Venture Communications Coop.

PRIMARY TRANSMITTERS: TELEVISION

4810

G

Name

### Primary Transmitters: Television

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, *except* (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 *not* 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 *only* 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. *Do not* 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 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KPRY	4	N	RELIANCE, SD
KDLT	5	N	SIOUX FALLS, SD
KPLO	6	N	RELIANCE, SD
KTTW	7	N	SIOUX FALLS, SD
KUSD	10	E	SIOUX FALLS, SD
KWSD	14	N	SIOUX FALLS, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Venture Communications Coop.

4810

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
3.3.1	21 1 111			5 5. 5. 5. 1		_,_	
· <b></b>							

od: 2020/1 LEGAL NAME OF OWNER OF Venture Communicati		NTENA.				FUR	M SA1-2E. PAGE 5
		DI EIVI:					SYSTEM ID#
<u> </u>	ons Coop						4810
SPECIAL STATEMEN     During the accounting pe broadcast by a distant state Note: If your answer is "Note in block 2.     LOG OF SUBSTITUT In General: List each substitute in the substitute of the substitute in the substitut	tify every no accounting paining that mu  T CONCERTION, did you attion?  Tion; leave the E PROGRA	ennetwork televitoring the period, under spirit be included in RNING SUBS ur cable system are rest of this paramon a separamon a separamon a separamon and s	ision program, broadcast by secific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute basinge blank. If your answer in the line. Use abbreviations	y a distant star FCC rules, reg the general ins asis, any nonr s "Yes," you r	ulations, on the structions of the structions of the structions of the structure of the str	or authorization in the paper Selevision prog	ns. For a further SA1-2 form.  Tram  X  NO  gram
period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	a distant sta egulations, ories like "mo Bulls." m was broa sign of the adcast stati nadian stati nth and day vve "5/7." les when th . Example: ter "R" if the and regulat mming that	tion and that your authorization ovies" or "bask adcast live, enter station broadcon's location (tons, if any, the or when your system a program carroll stated program ions in effect d	our cable system substitutions. See page (v) of the ge etball." List specific programs of the community to which the community with which the stem carried the substitute program was carried by you ried by a system from 6:0° in was substituted for proguring the accounting period.	ted for the properties of the properties of the properties of the properties of the program. Using the program. Using the program of the prog	censed by entified). se numer m. List the c:28:30 p. t your systems and regular	ong of another curther informa "I Love Lucy" by the FCC or, cals, with the retimes accur m. should be stem was requifithe listed prulations in	station ation. or in month ately
	LIDOTITLIT	- DD00D44					7 DEACON FOR
							7. REASON FOR DELETION
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
	explanation of the programm  1. SPECIAL STATEMEN  During the accounting pe broadcast by a distant state of the programm of the product of the period, was broadcast by a under certain FCC rules, red to not use general catego "NBA Basketball: 76ers vs. Column 1: Give the call column 3: Give the call column 4: Give the broadcast by a under certain FCC rules, red to not use general catego "NBA Basketball: 76ers vs. Column 2: If the program column 3: Give the call column 4: Give the broadcast by a column 5: Give the modifirst. Example: for May 7 given the nearest five minutes stated as "6:00–6:30 p.m."  Column 7: Enter the let to delete under FCC rules was substituted for programe effect on October 19, 1976	explanation of the programming that mu  1. SPECIAL STATEMENT CONCEI  During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every not period, was broadcast by a distant state under certain FCC rules, regulations, Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcound 3: Give the call sign of the Column 4: Give the broadcast statif the case of Mexican or Canadian statif Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the tothe nearest five minutes. Example: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the tothe delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	explanation of the programming that must be included in the special stratement concerning substants.  • During the accounting period, did your cable syster broadcast by a distant station?  Note: If your answer is "No", leave the rest of this part log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separal clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork telexication, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadce Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute profits to the nearest five minutes. Example: a program care stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect dwas substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	explanation of the programming that must be included in this log, see page (v) of the second of the programming that must be included in this log, see page (v) of the second of the programming that must be included in this log, see page (v) of the second of the second of the second of the substitute of the second of the se	explanation of the programming that must be included in this log, see page (v) of the general inc.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any none broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you region block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever perioder. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") to period, was broadcast by a distant station and that your cable system substituted for the preunder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for a "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Under Column 4: Give the broadcast station's location (the community to which the station is lied to company to the case of Mexican or Canadian stations, if any, the community with which the station is in the case of Mexican or Canadian stations, if any, the community with which the station is in the case of Mexican or Canadian stations, if any, the community with which the station is in the case of Mexican or Canadian stations, if any, the community of the substitute program. Unfirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable syste to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accountin	explanation of the programming that must be included in this log, see page (v) of the general instructions  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must com log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, durin period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for find Do not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 4: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numer first. Example: for May 7 give "5/7."  Column 6: Give the month and day when your system carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper S  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prog broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meanin clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information on the second period, was broadcast live, enter "Yes." Otherwise enter "No."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is idensed by the FCC or, the case of Mexican or Canadian stations, if any, the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the rifirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accur to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was requited elete under FCC rules and regulations in effect during the a

Accounting Period:	2020/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Venture Communications Coop.			5	SYSTEM ID# 4810
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's s tion of how	econdary trans to compute this	mission services amount, se	
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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less the information	nan \$527,60(	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13 Instructions: As a cable system with gross receipts of \$137,100 or less, the royall accounting period is \$52.00 Line 1. Royalty fee for accounting period	ty fee that yo	ou must pay for t	his six-month	
	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 I			-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	. \$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but l	less than \$527	600)	
	Enter the amount of gross receipts from space K	. \$	305,963.84		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	42,163.84		
	4. Multiply line 3 by .01		\$	421.64	
	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 .		\$	1,740.64
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filler F					
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,740.64	
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			\$	1,760.64
	EFT Trace # or TRANSACTION ID #	7602	28500432		
	<u>Important:</u> Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM Venture Communications Coop.		SYSTEM ID# 4810
M Channels	to its subscribers, and (2) the cable system	of channels on which the cable system carried television broadcast stations stotal number of activated channels during the accounting period.	
	<ol> <li>Enter the total number of channels on wh system carried television broadcast station</li> </ol>	ch the cable s	6
	Enter the total number of activated channon which the cable system carried television and nonbroadcast services	on broadcast stations	202
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FUR we can contact about this statement of account to the contact about the the contact account to the contact about the contact account to the contact acco	THER INFORMATION IS NEEDED (Identify an individual to whom unt.)	
for Further Information	Name Brad Ryan	Telephone 6	<b>605</b> 852-2224
	Address PO Box 157 (Number, street, rural route, ap Highmore, SD 5734 (City, town, state, zip)		
	(City, town, state, 2ip)  Email bryan@ventu	recomm.net Fax (optional)	
	CERTIFICATION (This statement of account	must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Chec	c one, but only one, of the boxes.)	
	(Owner other than corporation o	r partnership) I am the owner of the cable system as identified in line 1 of space B	; or
		pration or partnership) I am the duly authorized agent of the owner of the cable sy e owner is not a corporation or partnership; or	ystem as identified
	(Officer or partner) I am an office in line 1 of space B.	r (if a corporation) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
		nd hereby declare under penalty of law that all statements of fact contained herein my knowledge, information, and belief, and are made in good faith.	
		X /s/ Randy W. Houdek	
		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 prin	ed name: Randy W. Houdek	
	Title:	General Manager  official position held in corporation or partnership)	
	Date:	8/31/2020	

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 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.