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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	coplicsoa@loc.gov For additional information,
General instructions are located in the first tab of this workbook	08/31/20	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	(YY/(Period))	

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20201 Barcode Data Filing Period (optional - see instructions)
Accounting 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
		MAINSTREET COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		150 2ND ST SW (Number, street, rural route, apartment, or suite number)
		PERHAM, MN 56573 (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.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		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 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#
	MAINSTREET COMMUNICATIONS LLC	61831
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 h	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	identified city.	one parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	SAUK CENTRE	MN
Community	KANDOTA TWP	MN
	SAUK CENTRE TWP	MN
Add Rows as Necessary	BIRCHDALE TWP	MN
	LITTLE SAUK TWP	MN

							FORM SA1-	TEM ID
Name							313	6183
Е	SECONDARY TRANSMISSION							
-	In General: The information in system, that is, the retransmission	•		•	•			
Secondary	about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Bot	•						
scribers and	down by categories of secondar		•		•			
Rates	each category by counting the n separately for the particular serv						arged	
	Rate: Give the standard rate of						and the	
	unit in which it is generally billed	-				-		
	category, but do not include disc							
	Block 1: In the left-hand block			-	•			
	systems most commonly provide that applies to your system. Not							
	categories, that person or entity			-	-			
	subscriber who pays extra for ca	able service to	additional set	s would be includ	led in the count u	nder "Service	to the	
	first set" and would be counted of							
	Block 2: If your cable system	•						
	printed in block 1 (for example, t with the number of subscribers a					,.		
	sufficient.		o ngin nana i					
	BLO	DCK 1				BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		ATE CA	TEGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:							
	Service to first set		751	38.95				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel		51	38.95				
	Commercial							
	Converter							
	Residential							
	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	•		•		• • •		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the							
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha						are not	
Rates	listed in block 1 and for which a							
	brief (two- or three-word) descrip							
		PL O						
	CATEGORY OF SERVICE	BLO RATE		OF SERVICE	RATE	CATEGOR	BLOCK 2 Y OF SERVICE	RATI
				Non-residential		OATEOOR	I OF BERVIOE	IVAII
	Continuing Services:	40.05	• Motel, ho			PAY CAB	LE	14.9
	Continuing Services: Pay cable	19.95	Commer			PAY CAB		13.9
	• Pay cable	19.95		orar		PAY CAB		
	• Pay cable • Pay cable—add'l channel	19.95	-	е			LC	7.9
	Pay cable Pay cable Pay cable—add'l channel Fire protection	19.95	• Pay cabl					7.9 28.9
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	19.95	• Pay cabl • Pay cabl	e-add'l channel		PAY CAB		7.9 28.9
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		 Pay cabl Pay cabl Fire protection 	e-add'l channel ection				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	<u>19.95</u> 55.00	 Pay cabl Pay cabl Fire prote Burglar p 	e-add'l channel ection rotection				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		 Pay cabl Pay cabl Fire prote Burglar p Other service 	e-add'l channel ection rotection ces:	55.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Pay cabl Pay cabl Fire proto Burglar p Other service Reconne 	e-add'l channel ection rotection ces: ct	55.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		 Pay cabl Pay cabl Fire prote Burglar p Other service Reconnee Disconnee 	e-add'l channel ection rotection c es: ct ect				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Pay cabl Pay cabl Fire prote Burglar p Other service Reconne Disconne Outlet re 	e-add'l channel ection rotection c es: ct ect	55.00 40.00 55.00			

	LEGAL NAME OF OWNER OF				SYSTEM
Name					618
	PRIMARY TRANSMITTERS:				
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel 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	also in space I, if the station was carried on concerning substitute basis stations, s of s call sign. <i>Do not</i> report origination pro- d with a station according to its over-the-	(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 e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- ogram services such as HBO, ES air designation. For example, re- rision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde- ted to a substitute station), "I" (for inde- ctions in the paper SA1-2 form.	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
	wcco	4	N	MINNEAPOLIS, MN	
	КРХМ	41		ST. CLOUD, MN	
dd Rows as Necessary	KMSP	9	N	MINNEAPOLIS, MN	
10 Nows us recently ,	WFTC	29	1	MINNEAPOLIS, MN	
	KARE	11	N	MINNEAPOLIS, MN	
	KTCA	2	E	MINNEAPOLIS, MN	
	KSTP	5	N	MINNEAPOLIS, MN	
	WUCW	23		MINNEAPOLIS, MN	
	KSTC	45		MINNEAPOLIS, MN	
	WCCO-2	4.2	I-M	MINNEAPOLIS, MN	
	KARE-2	11.2	I-M	MINNEAPOLIS, MN	
	WUCW-4	23.4	I-M	MINNEAPOLIS, MN	
	KSTC-4	45.4	I-M	MINNEAPOLIS, MN	
	KARE-4	11.4	I-M	MINNEAPOLIS, MN	
	KARE-6	54.6	I-M	MINNEAPOLIS, MN	

MAINSTREE			YSTEM: IONS LLC					SYSTEM 618
	t every radio s	tation 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 fo Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright 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 le station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral ii eparate :	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	
		-, -		5		2,2		

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	MAINSTREET COMMU	INICATIO	NS LLC					61831
	SUBSTITUTE CARRIAG							
	In General: In space I, ident	-	-			tion that ve		tom corriad on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	During the accounting per	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	×NO
i rogram zog	-				- "/"		-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if t	heir meanin	n is
	clear. If you need more spa				e mierever p	0001010, 11 1		910
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				1 /	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numeral	ls, with the r	nonth
	first. Example: for May 7 gi		o cubetituto pr	ogram was carried by you	r cablo sveto	m list the	timos accur	atoly
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01				atery
	stated as "6:00-6:30 p.m."				·			
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regai		
								1
						N SUBSTI		7. REASON FOR
	5	2. LIVE?	E PROGRAM 3. STATION'S			AGE OCC		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— то	
							_	
							_	
								"
							_	
							_	
							_	
								+
								+
							_	
								1
							_	
		1	1	1		1		1

Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MAINSTREET COMMUNICATIONS LLC			S	YSTEM ID# 61831
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	ystem's se on of how to	condary transm o compute this a	ission service amount, see	2,349.64 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 f Use block 3 if the amount of gross receipts in space K is more than \$263,800 f 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 I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lir	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula				
	2. Enter amount of gross receipts from space K	\$	222,349.64		
		\$	41,450.36		
	Enter the amount of gross receipts from space K		. \$ 2	222,349.64	
	5. Enter the amount from line 3		. \$	41,450.36	
	6. Subtract line 5 from line 4		\$	180,899.28	
	7. Multiply line 6 by .005 (enter figure here)			\$	904.50
	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		\$	904.50
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	F			
		_			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	904.50	
240	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			\$	924.50
	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		OWNER OF CABLE SYSTEM: COMMUNICATIONS LLC	SYSTEM ID# 61831
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the carried 	You must give (1) the number of channels on which the cable system carried television broadcast stations (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	15 254
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	JOEL SMITH Telephone 218.34	46.8270
	Address	150 2ND ST SW (Number, street, rural route, apartment, or suite number) PERHAM, MN 56573 (City, town, state, zip)	
	Email	joel.smith@arvig.com Fax (optional)	
O Certification	I, the undersign (Own (Ager in X (Offii in I have examine	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) hed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ht of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ite, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)] X /s/ David R. Arvig	
		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: DAVID R. ARVIG Title: VICE PRESIDENT/COO (Title of official position held in corporation or partnership)	
		Date: August 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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
INSTREET COMMUNICATIONS LLC	6183
 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? X 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.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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 Assessme
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
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme

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 th 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.