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					
08/13/2020	\$ 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

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		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.	62207						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		SRT COMMUNICATIONS, INC.							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		3615 N BDWY (Number, street, rural route, apartment, or suite numbe							
		MINOT, ND 58703 (City, town, state, zip)							
	INST	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							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite numbe							
		(City, town, state, zip code)							

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.

		FORM SA1-2E. PAGE 18				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SRT COMMUNICATIONS, INC.	SYSTEM ID: 62207				
	Instructions: List each separate community served by the cable system. A "communi					
D	"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 h	ome parks should be reported in parentheses below the				
Area Served	identified city.	,				
	OUTS/ OR TOWN	1 0717				
=4	CITY OR TOWN	STATE ND				
First Community	MINOT	ND				
dd Rows as Necessary						
du nows as recessar,						

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SRT COMMUNICATIONS, INC.

SYSTEM ID# 62207

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 cabl system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give informatio about other services (including pay cable) in space F, not here. All the facts you state must be those existing on th 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, broker down by categories of secondary transmission service. In general, you can compute the number of subscribers i each category by counting the number of billings in that category (the number of persons or organizations charge 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 th unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rat category, but do not include discounts allowed for advance paymen

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 categor that applies to your system. **Note:** Where an individual or organization is receiving service that falls under differen categories, that person or entity should be counted as a subscriber in each applicable category. Example: a resident 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, togethewith the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	OODOCKIDEKO	TVATE	OATEGORY OF SERVICE	OODOONIDENO	TVATE
Service to first set			CATV - RES	958	25.99
 Service to additional set(s) 			CATV - BUS	54	25.99
• FM radio (if separate rate)			IPTV - RES	635	34.99
Motel, hotel			IPTV - BUS	70	34.99
Commercial			ITPV DIGITAL TV - RES	542	34.99
Converter			ITPV DIGITAL TV - BUS	24	34.99
Residential			CATV DIGITAL TV - RES	247	25.99
Non-residential			CATV DIGITAL TV - BUS	116	25.99

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 wernot covered in space E, that is, those services that are not offered in combination with any secondary transmissio service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) service 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 lister

Block 2: List any services that your cable system furnished or offered during the accounting period that were no listed in block 1 and for which a separate charge was made or established. List these other services in the form of brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		HBO MULTIPLEX	19.00
 Pay cable—add'l channel 		Commercial		CINEMAX MULTI	18.00
Fire protection		• Pay cable		SHOWTIME UNLIM	18.00
•Burglar protection		Pay cable-add'l channel		STARZ/ENCORE PK	18.00
Installation: Residential		Fire protection		MOVIE BUNDLE	69.00
• First set		Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period:	2020/1	FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SRT COMMUNICATIONS, INC.	62207

G

Primary Transmitters: Television

Add Rows as Neces

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 unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sectior 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 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 prograr 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 th 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 oth basis. For further information concerning substitute basis stations, see page (v) of the general instruction
 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 multistrea "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 communi 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 noncommerci educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-I (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 forr

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by th 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	3. TYPE OF STATION	4. LOCATION OF STATION
KXND	38	N	MINOT, ND
KSRE	6	E	MINOT, ND
КМОТ	10	N	MINOT, ND
KXMC	13	N	MINOT, ND
KMCY	14	N	MINOT, ND
KNDM	24	N	MINOT, ND
KXMA	2	N	MINOT, ND

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SRT COMMUNICATIONS, INC.

62207

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
КВТО	FM	Х	BOTTINEAU, ND				
KWGO	FM	X	BURLINGTON, ND				
KWGO KTZU	FM	X X X	VELVA, ND				
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Accounting Period: 2020/1 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	SRT COMMUNICATIO	NS, INC.				62207			
				NIT AND DOOD AND	22				
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute		explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE					
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	d hand do a debat do a distant do distant do a distant								
i rogium Log									
	log in block 2.								
	2. LOG OF SUBSTITUTE			rata lina. I laa ahbraviatid	ana wharavar	ماطانموما	if their meani		
	In General: List each subsclear. If you need more spa				ons wherever	possible,	ıı ıneii meanii	ıí	
	Column 1: Give the title				ute program") that, duri	ng the accour	nt	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general catego		ovies" or "bas	ketball." List specific proເ	gram titles, fo	r example	, "I Love Lucy	'	
	"NBA Basketball: 76ers vs.				"				
	Column 2: If the program Column 3: Give the call								
	Column 4: Give the broad					licensed b	ov the FCC or		
	the case of Mexican or Car						.,		
	Column 5: Give the mor		/ when your sy	stem carried the substitu	ute program.	Use nume	erals, with the	mo	
	first. Example: for May 7 gi								
	Column 6: State the tim							rat	
	to the nearest five minutes stated as "6:00–6:30 p.m.'	. Example:	a program ca	med by a system from 6.	.01.15 p.m. to	0.20.30 μ	o.m. snould		
	Column 7: Enter the let	ter "R" if the	e listed progra	m was substituted for pro	ogramming th	nat your sy	stem warequii	red	
	to delete under FCC rules								
	was substituted for prograr								
	effect on October 19, 1976	i.							
					1 10/1/15	-N OUDO			
	QI	IRSTITLIT	E PROGRAM	1		EN SUBST IAGE OC		7. REASON FOR	
		2. LIVE?	3. STATION'S		5. MONTH	1 -	TIMES	DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM	— то		
					_				
							_		
					-	-			
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		_							
					-				
						 			
					1				

Accounting Period: 2	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SRT COMMUNICATIONS, INC.	SYSTEM ID# 62207
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amo 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. SIMPORTANT: You must complete a statement in space P concerning gross receipts	on service ount, se
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 les: Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 See page (vi) of the general instructions located in the paper SA1-2 form for more informatior	,8(
	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 this accounting period is \$52.00	six-month
	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 lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	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))
	457.744.00	
	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	2,039.14
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	,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	3,358.14
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,358.14
Duo	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	3,378.14
	EFT Trace # or TRANSACTION ID # 813200002	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

U.S. Copyright Office

Accounting Period: 2	2020/1					FORM SA1-2E. PAGE	Ξ 7.
Name	LEGAL NAME OF OWNER O					SYSTEM II 6220	
M Channels	to its subscribers, and (2) 1. Enter the total number	the cable system's to of channels on which h broadcast stations. of activated channels em carried television b	tal numbe	on which the cable system carried televis r of activated channels during the accoun		243	
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			MATION IS NEEDED (Identify an indivi	idual to whom		
for Further Information		LIZOTTE			Telephone 70	01-858-5233	
	(Number	N BDWY street, rural route, apartm T, ND 58703 n, state, zip)	ent, or suite	number)			
	Email	julieel@srttel.co	m	F	ax (optional) 701-858-1426		
0	CERTIFICATION (This sta	tement of account mu	st be certi	ified and signed in accordance with Copyr	right Office regulations)		
Certification	I, the undersigned, hereby (Owner other the state of the state o			one, of the boxes.) I am the owner of the cable system as ide	entified in line 1 of space B; or	r	
		•		rtnership) I am the duly authorized agent of a corporation or partnership; or	of the owner of the cable syste	em as identifie	
	X (Officer or par in line 1 of s		a corpora	tion) or a partner (if a partnership) of the leg	gal entity identified as owner	of the cable syster	
		rect to the best of my		lare under penalty of law that all statements, information, and belief, and are made in g			
				/s/John Reiser electronic signature on the line above to certil ature using an "/s/ signature" (e.g., /s/ John	•		
		Typed or printed	name:	John A Reiser			
		Title: (Title of off	COO icial position	held in corporation or partnership)			
		Date:			08/13/2020		

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ounting Period: 2020/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
T COMMUNICATIONS, INC.	62207
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	"
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	-
contact the Licensing Division at (202) 707-8150 or licensing@copyright.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	
ID number First community served Accounting period	

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