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 COPYRIGH	IT OFFICE USE ONLY
for Secondary Transmissions by	DATE RECEIVED	AMOUNT
Cable Systems (Short Form)		\$
General instructions are located	08/31/20	
in the first tab of this workbook		ALLOCATION NUMBER

Return completed workbook by email to:

## oplicsoa@loc.gov

or additional information, ontact the U.S. Copyright ffice Licensing Division at: el: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20201 Barcode Data Filing Period (optional - see instructions)
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
		MELROSE TELEPHONE COMPANY
		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		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 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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MELROSE TELEPHONE COMPANY	626
	Instructions: List each separate community served by the cable system. A "communit	
-	"a separate and distinct community or municipal entity (including unincorporated con	
D	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 ho	ome parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	MELROSE	MN
Community	MELROSE TWP	MN
	MILLWOOD TWP	MN
Rows as Necessary	NEW MUNICH	MN
	OAK TWP	MN
	SPRING HILL TWP	MN
	ST MARTIN	MN
	WATKINS	MN
	BIRCHDALE TWP	MN
	GREY EAGLE TWP	MN
	EDEN LAKE TWP	MN
	FARMINGTON TWP	MN
	FOREST PRARIE TWP	MN
	GETTY TWP	MN
	GREENWALD	MN
	GREY EAGLE	MN
	GROVE TWP	MN
	KIMBALL	MN
		MN
		MN
	MANANNAH TWP	MN
	MEIRE GROVE	MN
	ZION TWP	MN
	BURNHAMVILLE	MN
	BURTRUM	MN
	FAIRHAVEN	MN
	COLLEGEVILLE TWP	MN
	KINGSTON TWP	MN
	MUNSON TWP	MN
	RICHMOND	MN
	ROUND PRAIRIE TWP	MN
	EDEN VALLEY	MN
	WAKEFIELD TWP	MN
	ST MARTIN TWP	MN
	FRIBERG TWP	MN
	GORDON TWP	MN
	KANDOTA TWP	MN
	ROSCOE CITY	MN
	SPRING HILL CITY	MN
	UNION GROVE TWP	MN

	<u> </u>							FORM SA1		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID 6265	
	MELROSE TELEPHONE COMPANY									
-	SECONDARY TRANSMISSION	I SERVICE: SU	IBSCRI	BERS AND R	ATES					
E	In General: The information in s									
Cocondom	system, that is, the retransmission									
Secondary Transmission	about other services (including plast day of the accounting period						those exist	ung on the		
Service: Sub-	Number of Subscribers: Both						ble system	n, broken		
scribers and	down by categories of secondary	y transmission	service.	In general, yo	ou can com	npute the numb	er of subsc	ribers in		
Rates	each category by counting the n					•		s charged		
	separately for the particular serv Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed									
	category, but do not include disc							F		
	Block 1: In the left-hand block	•		0		•				
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca				• •	•••	•			
	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.	and rates, in the	e ngnt-n	and block. A t	wo- or three	e-word descrip		Service is		
	BLC	OCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		930	38.95						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel		91	38.95						
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		s			·		
-	In General: Space F calls for ra					ll your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • •	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the			<b>,,</b> -				· - <b>g</b> ,		
ransmissions:	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									
Rates	-				-	-				
	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.									
	brief (two- or three-word) descrip	ption and includ								
	brief (two- or three-word) descrip			ate for each.				BLOCK 2		
	brief (two- or three-word) descrip	BLOO	CK 1	ate for each.	VICE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RATE	
		BLOO RATE	CK 1 CATEG			RATE	CATEGO		RATE	
	CATEGORY OF SERVICE	BLOO RATE	CK 1 CATEG Installa	ORY OF SER		RATE	CATEGO PAY CA	ORY OF SERVICE		
	CATEGORY OF SERVICE Continuing Services:	BLOC RATE	CK 1 CATEG Installa • Mot	ORY OF SER		RATE		ORY OF SERVICE	13.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE	CK 1 CATEG Installa • Mot • Cor	ORY OF SER tion: Non-res		RATE	PAY CA PAY CA PAY CA	ORY OF SERVICE ABLE ABLE ABLE	13.9 14.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC RATE	CK 1 CATEG Installa • Mot • Cor • Pay	ORY OF SER I <b>tion: Non-res</b> el, hotel nmercial	idential	RATE	PAY CA	ORY OF SERVICE ABLE ABLE ABLE	RATE 13.9 14.9 7.9 28.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE	CK 1 CATEG Installa • Mot • Cor • Pay • Pay	ORY OF SER I <b>tion: Non-res</b> el, hotel nmercial <sup>y</sup> cable	idential	RATE	PAY CA PAY CA PAY CA	ORY OF SERVICE ABLE ABLE ABLE	13.9 14.9 7.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLOC RATE	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	ORY OF SER titon: Non-res el, hotel nmercial r cable r cable-add'l ch	idential	RATE	PAY CA PAY CA PAY CA	ORY OF SERVICE ABLE ABLE ABLE	13.9 14.9 7.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE 19.95 55.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER tition: Non-res el, hotel nmercial cable cable-add'l cl protection	idential	RATE	PAY CA PAY CA PAY CA	ORY OF SERVICE ABLE ABLE ABLE	13.9 14.9 7.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE 19.95 55.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER ition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE	PAY CA PAY CA PAY CA	ORY OF SERVICE ABLE ABLE ABLE	13.9 14.9 7.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE 19.95 55.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SER <b>ition: Non-res</b> el, hotel nmercial r cable r cable-add'l ch protection glar protection <b>services:</b>	idential		PAY CA PAY CA PAY CA	ORY OF SERVICE ABLE ABLE ABLE	13.9 14.9 7.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE 19.95 55.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	ORY OF SER ation: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential		PAY CA PAY CA PAY CA	ORY OF SERVICE ABLE ABLE ABLE	13.9 14.9 7.9	

	2020/1			FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I			
	MELROSE TELEPHO			626			
	PRIMARY TRANSMITTERS:						
G Primary Transmitters: Television	In General: In space G, idicarried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to	entify every television station (including tr em during the accounting period, <i>except</i> ( 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. <b>s:</b> With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pre- ed with a station according to its over-the- the form. hel number the FCC assigned to the televion VRC is channel 4 in Washington, D.C. h case whether the station is a network st ering the letter "N" (for network), "N-M" (for ), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc-	(1) stations carried only on a part- e carriage of certain network prog (e)(2) and (4))]; and (2) certain sta- rried by your cable system on a su- e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep rision station for broadcasting over tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form.	E-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream er the air in its community a noncommercial pendent), "I-M" tional 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       3. TYPE OF STATION       4. LOCATION						
	wcco	4	N	MINNEAPOLIS, MN			
	KWCD	Q	N	MININEADOLIS MN			
	KMSP WFTC	9 29	N	MINNEAPOLIS, MN MINNEAPOLIS, MN			
dd Rows as Necessary	WFTC	29	l	MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE	29 11	l N	MINNEAPOLIS, MN MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA	29 11 2	I N E	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP	29 11 2 5	l N	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP WUCW	29 11 2 5 23	I N E	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC	29 11 2 5 23 45	I N E	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM	29 11 2 5 23 45 41	I N E N I I I I	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST. CLOUD, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2	29 11 2 5 23 45 41 11.2	I N E N I I I I I I I	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2 WCCO-2	29 11 2 5 23 45 41 11.2 4.2	I N E N I I I I I I I I I I I I I I I I	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2 WCCO-2 WUCW-4	29 11 2 5 23 45 41 11.2 4.2 23.4	I N E N I I I I I I I H I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4	29 11 2 5 23 45 41 11.2 4.2 23.4 5.4	I N E N I I I I I I H I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-6	29 11 2 5 23 45 41 11.2 4.2 23.4 5.4 5.6	I N E N I I I I I I H I-M I-M I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-6 KSTP-7	29 11 2 5 23 45 41 11.2 4.2 23.4 5.4 5.6 5.7	I N E N I I I I I I H H I-M I-M I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-6 KSTP-7 KSTC-3	29 11 2 5 23 45 41 11.2 4.2 23.4 5.4 5.6 5.7 5.3	I N E N I I I I I I M I-M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN			
łd Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-4 KSTC-6 KSTP-7 KSTC-3 KARE-4	29 11 2 5 23 45 41 11.2 4.2 23.4 5.4 5.6 5.7 5.3 11.4	I N E N I I I I I I M I-M I-M I-M I-M I-M I-M I	MINNEAPOLIS, MN         ST. CLOUD, MN         MINNEAPOLIS, MN			
łd Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-6 KSTP-7 KSTC-3	29 11 2 5 23 45 41 11.2 4.2 23.4 5.4 5.6 5.7 5.3	I N E N I I I I I I M I-M I-M I-M I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST. CLOUD, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN			
łd Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-4 KSTC-6 KSTP-7 KSTC-3 KARE-4	29 11 2 5 23 45 41 11.2 4.2 23.4 5.4 5.6 5.7 5.3 11.4	I N E N I I I I I I M I-M I-M I-M I-M I-M I-M I	MINNEAPOLIS, MN         ST. CLOUD, MN         MINNEAPOLIS, MN			
ld Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-4 KSTC-6 KSTP-7 KSTC-3 KARE-4	29 11 2 5 23 45 41 11.2 4.2 23.4 5.4 5.6 5.7 5.3 11.4	I N E N I I I I I I M I-M I-M I-M I-M I-M I-M I	MINNEAPOLIS, MN         ST. CLOUD, MN         MINNEAPOLIS, MN			
łd Rows as Necessary	WFTC KARE KTCA KSTP WUCW KSTC KPXM KARE-2 WCCO-2 WUCW-4 KSTC-4 KSTC-4 KSTC-6 KSTP-7 KSTC-3 KARE-4	29 11 2 5 23 45 41 11.2 4.2 23.4 5.4 5.6 5.7 5.3 11.4	I N E N I I I I I I M I-M I-M I-M I-M I-M I-M I	MINNEAPOLIS, MN         ST. CLOUD, MN         MINNEAPOLIS, MN			

LEGAL NAME OF								SYSTEM 62
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eccivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein the Co sign of of the static ion's sign g a chech n's locati	II-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i 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	
0,122,01011	7	0,0		0.122 0.011		0,2		
							·	

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MELROSE TELEPHON		ANY					62651
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident	-	-			tion that you		tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			sis anv non	network telev	ision nroa	ram
Statement and		-		frouny, on a substitute ba	515, any 11611			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."					-	
				er "Yes." Otherwise enter				
				asting the substitute progr the community to which th		oonood by th		in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was requ	uired
	to delete under FCC rules							
	was substituted for program							-9.5
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
					·			
						_		
						_		
						_		
						_		
						_		
1		1	1		1	1		1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MELROSE TELEPHONE COMPANY			Ş	62651 62651
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 see on of how to	condary transm compute this a	ssion service mount, see \$ 30	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 l • Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$137	out less than nformation	an \$527,600	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that ye	ou must pay for t	his six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			-	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	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 l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	302,677.16		
	2. Base amount under statutory formula		263,800.00		
	· ·	\$	38,877.16		
	4. Multiply line 3 by .01			388.77	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	<ol> <li>Interest charge. Enter the amount from line 4, space Q, page 8</li> </ol>			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				1,707.77
	7. TOTAL ROTALITITEL PATABLE FOR ACCOUNTING FERIOD. Add lines 4	, 5, and 0 .		Ψ	1,707.77
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,707.77	
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			\$	1,727.77
	Important: Your remittance must be in the form of an electronic payı See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE MELROSE TELEPH					SYSTEM ID# 62651
<b>M</b> Channels	<ul> <li>to its subscribers, and</li> <li>1. Enter the total numl system carried televi</li> <li>2. Enter the total numl on which the cable s</li> </ul>	d (2) the cable system's t ber of channels on which ision broadcast stations ber of activated channel system carried television	total number of activ h the cable  Is ı broadcast stations	n the cable system carried t rated channels during the a		
N Individual to Be Contacted	we can contact about	this statement of account		I IS NEEDED (Identify an ir		
for Further Information		OEL SMITH			Telephone	218.346.8270
	(Nun PE	mber, street, rural route, apart RHAM, MN 56573 /, town, state, zip)				
	Email	joel.smith@arv	ig.com		Fax (optional)	
O Certification	<ul> <li>I, the undersigned, he</li> <li>(Owner other of or in line 1</li> <li>X (Officer or in line 1</li> <li>I have examined the s</li> </ul>	ereby certify that (Check of er than corporation or p wner other than corpor of space B and that the of partner) I am an officer ( of space B. statement of account and d correct to the best of m	one, <i>but only one</i> , of partnership) I am th ration or partnershi owner is not a corpor (if a corporation) or a I hereby declare und	the boxes.) e owner of the cable system b) I am the duly authorized a ation or partnership; or partner (if a partnership) of	Copyright Office regulations) as identified in line 1 of space gent of the owner of the cable the legal entity identified as o ements of fact contained here de in good faith.	e B; or system as identified wner of the cable system
			Enter an electronic	vid R. Arvig signature on the line above to g an "/s/ signature" (e.g., /s/		-
		Typed or printed Title: (Title of o	Vice Preside	R. Arvig ht/COO rporation 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.

BELEROSE TELEPHONE COMPANY <b>SPECAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION</b> The Statellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folories and amounts 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." The or more information on when to exclude these amounts, see the note on page (vii) of the general instruction for the basic secondary transmissions pursuant to section 119." The or more information period, did the cable system exclude any amounts of gross receipts for secondary transmissions for secondary transmissions for secondary transmissions for secondary transmissions of primary broadcast transmitters. The or test is the total here and list the satellite carrier(s) below. Secondary transmissions of primary broadcast transmitters. The me maining Address Name Maining Address Name Maining Address Not subscribers receiving secondary transmissions of gross receipts for secondary transmissions of the second time page (vii) of the general instruction because the maining Address. Name Maining Address Name Maining Address Nurst complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Co must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Co must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Co must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Co must complete this worksheet for those royalty payments submitted as a result of a late p		FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCENTION GROSS RECEIPTS EXCLUSIONS The Statelite home Viewer Act of 1986 amended Thie 17, section 111(g)(1)(A), of the Copyright Act by adding the following secondary transmissions of primary broadcast transmitters, the system shall not include sub-sub-sub-service and amounts collected from sub-certains receiving secondary transmissions pursuant to section 119. The rome information on when to exclude these amounts, see the note on page (vii) of the general instructions to contrain the paper SA1-2 form. The rome information on when to exclude these amounts, see the note on page (vii) of the general instructions to contrain the system exclude any amounts of gross receipts for secondary transmissions may be able to be set to satellite dath owners?  No  YES. Enter the total here and list the satellite carrier(s) below.  INTEREST ASSESSMENT  Numain Address  INTEREST ASSESSMENT  Numain complete this worksheet for those royally 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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Multiply line 1 by the interest rate' and enter the sum here  x days Line 3 Multiply line 1 by the interest rate' and enter the sum here x 0.00274  Line 4 Multiply line 2 by the number of days late and enter the sum here x 0.00274  Line 4 Multiply line 2 by the number of days late and enter the sum here x 0.00274  Line 4 Multiply line 2 by the number of days late and enter the sum here x 0.00274  Line 4 Multiply line 2 by the number of days late and enter the sum here x 0.00274  Line 4 Multiply line 2 by the number of Jos S in line 6, or block 3 line 6, or clock 3 line 6, or clock 3 line 6 line (interest charge) x 1. To view the interest rate chart click on www copyright gowlicersing/interest-rate part. X 1. T	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
The standiue frome Verwer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following serience:       P         The determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.**       P         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.       P         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite (carrier(s) below.       \$         Mame       Mame       Mame         Maming Address       Name         Maming Address       Name         Maming Address       .         Line 1       Enter the total here and list the satellite carrier(s) below.       .         Line 2       Multiply line 1 by the interest rasesement, see page (vii) of the general instructions located in the paper SA1-2 form.       Q         Line 3       Multiply line 2 by the number of days late and enter the sum here       x	LROSE TELEPHONE COMPANY	626
made by satellite carriers to satellite dish owners?         No         YES. Enter the total here and list the satellite carrier(s) below.         Name         Maing Address         Line 1 Enter the amount of late payment or underpayment	<ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENT       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         Line 1       Enter the amount of late payment or underpayment.       x	made by satellite carriers to satellite dish owners?	
Mailing Address	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments and the paper SA1-2 form.       Image: Complete this worksheet for those royalty payments and the paper SA1-2 form.       Image: Complete this worksheet for those royalty payments and the paper SA1-2 form.       Image: Complete this worksheet for those rowalts and the paper SA1-2 form.       Image: Complete this worksheet for those rowalts and enter the sum here for the su		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments and the paper SA1-2 form.       Image: Complete this worksheet for those royalty payments and the paper SA1-2 form.       Image: Complete this worksheet for those royalty payments and the paper SA1-2 form.       Image: Complete this worksheet for those rowalts and the paper SA1-2 form.       Image: Complete this worksheet for those rowalts and enter the sum here for the su		
Line 1       Enter the amount of late payment or underpayment         Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 3 Multiply line 2 by the number of days late and enter the sum here		_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		_
(interest charge)         * 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         ID number	······	
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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       ID number	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	_
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	x 0.00274         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	_
Address ID number	x 0.00274         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	_
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	x 0.00274         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	
	x 0.00274         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	
Accounting period	x 0.00274         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	

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