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

_				Return completed workbook					
	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:					
	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>					
Cable Syste	ems (Short Form)		\$	For additional information, contact the U.S. Copyright					
General instru	ctions are located	8/25/2020		Office Licensing Division at:					
in the first tab	of this workbook	0/23/2020	ALLOCATION NUMBER	Tel: (202) 707-8150					
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))						
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		1							
		Barcode Data Filing Period (optiona	I - see instructions)						
Accounting Period									
	Instructions								
_			idiary of another corporation, give the full co	rporate title					
B	of the subsidiary, not that of the parent c	orporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.								
	-		the last day of the accounting period should s	submit a					
	single statement of account and royalty f	ee payment covering the entire accoun	ting period.	791					
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM							
	FT RANDALL CABLE SYSTEMS INC								
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
	1104 19TH AVE SW #B	number)							
	WILLMAR, MN 56201								
	(City, town, state, zip)								
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line								
System	IDENTIFICATION OF CABLE SYSTEM:								
	1								
	MAILING ADDRESS OF CABLE SYSTEM	1 :							
	2 (Number, street, rural route, apartment, or suite i	number)							
1	(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.

Nores	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I							
Name	FT RANDALL CABLE SYSTEMS INC	75							
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha	mmunity" is the same as a "community unit" as defined in FCC rule ated communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter know							
Area	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 t								
Served	identified city.								
	CITY OR TOWN	STATE							
First	NICOLLET	MN							
Community									
dd Rows as Necessary									

								FORM SA1	-		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID		
Hamo	FT RANDALL CABLE S	YSTEMS IN	С						79		
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND RA	TES						
E	In General: The information in s	-		-		•					
Secondary	system, that is, the retransmission about other services (including particular services)										
Transmission	last day of the accounting period	, , ,	,		,			ing on the			
Service: Sub-	Number of Subscribers: Both						ble system	, broken			
scribers and	down by categories of secondar	•		•		•					
Rates	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).										
	separately for the particular serv Rate: Give the standard rate of							re and the			
	unit in which it is generally billed	-	-	•							
	category, but do not include disc				., otaniac						
	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						•				
	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, t										
	with the number of subscribers a	and rates, in th	e right-l	nand block. A tw	o- or thre	ee-word descript	ion of the s	service is			
	sufficient. BLC	DCK 1					BLOCK	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:	SUBSCRIB	LING	INAIL	CAT		(VICL	SUBSCRIDERS	10411		
	Service to first set		17	80.50							
	Service to additional set(s)		• *	00.00							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	• Non-residential										
	SERVICES OTHER THAN SEC				3						
_	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were			
F	not covered in space E, that is, t										
	service for a single fee. There are	•			•		• • • •				
Services	furnished at cost or (2) services										
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	tes are cr	narged on a van	able per-pi	logram basis,			
ransmissions:	Block 1: Give the standard rat		the cabl	e system for ea	ch of the	applicable servi	ces listed.				
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a										
	brief (two- or three-word) descrip										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:		Install	ation: Non-resi	dential						
	• Pay cable	10.95	• Mo	tel, hotel							
	 Pay cable—add'l channel 	12.00	۰Co	mmercial							
	 Fire protection 		• Pa	y cable							
	 Burglar protection 		•Pa	y cable-add'l ch	annel						
	Installation: Residential		• Fire	e protection							
	First set	20.00	• Bu	rglar protection							
	 Additional set(s) 		Other	services:							
	• FM radio (if separate rate)		•Re	connect		20.00					
	• Converter			connect		N/A					
				tlet relocation		20.00					
				ve to new addre	ess	20.00					

counting Period: 2	2020/1			FORM SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#						
Name	FT RANDALL CABLE	SYSTEMS INC		791						
	PRIMARY TRANSMITTERS:	TELEVISION								
G	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, <i>except</i> (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									
Primary	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.									
Transmitters: Television		as explained in the next paragraph. s: With respect to any distant stations ca	arried by your cable system on a s	ubstitute program						
	basis under specific FCC r	ules, regulations, or authorizations: re in space G—but do list it in space I (th								
		also in space I, if the station was carried	d both on a substitute basis and al	so on some other						
		on concerning substitute basis stations,								
		on's call sign. <i>Do not</i> report origination p ad with a station according to its over-the	-	-						
	"WETA-2" as the same on	the form.								
		nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C.	vision station for broadcasting ove	er the air in its community						
	Column 3: Indicate in eacl	h case whether the station is a network s	, , , , , , , , , , , , , , , , , , , ,							
		ering the letter "N" (for network), "N-M" (· //						
), "E" (for noncommercial educational), o erms, see page (iv) of the general instru		itional multicast).						
	Column 4: Give the location	on of each station. For U.S. stations, list	the community to which the statio	,						
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	ne community with which the static	on is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	КТСА	342.1	Е	ST PAUL, MN						
	wcco	32	N	MINNEAPOLIS, MN						
Add Rows as Necessary	KSTP	35	Ν	MINNEAPOLIS, MN						
,	KMSP	9	Ν	MINNEAPOLIS, MN						
	KARE	11	Ν	MINNEAPOLIS, MN						
	WFTC	29	N	MINNEAPOLIS, MN						
	VOTO		•							
	KSTC	45	I	MINNEAPOLIS, MN						
	KTCA	342.3	E	ST PAUL, MN						

EGAL NAME OI								SYSTEM I
	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 for Column 1: lo Column 2: S Column 3: If signal, 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 station	y the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. In al 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 e 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 in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0						

Accounting Perio	-						FORM	I SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	FT RANDALL CABLE	SYSTEMS	SINC					791
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	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 programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any non	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	e rest of this pa	age blank. If your answer is	s "Yes " vou	must comp	lete the proc	
	log in block 2.				, you	must oomp		liam
	2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if t	heir meaning	gis
	clear. If you need more spa							-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter ' casting the substitute progr				
		0		the community to which the		censed by	the FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is ic	lentified).		
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the n	nonth
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syste	m List the	times accura	atelv
	to the nearest five minutes.							atory
	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		,			o unu rogu		
				A	WHE	7. REASON FOR		
		2. LIVE?	E PROGRAM 3. STATION'S					DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— то	
		+						
		+						
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	YSTEM ID# 791
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	3,308.15 bss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	this six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u> </u>	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SYSTEM ID# 791
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	12
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name KRISTI HILBRANDS Telephone	320-847-7104
	Address 1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 (City, town, state, zip)	
	Email kristih@hcinet.net Fax (optional) 320-847-71	23
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified wner of the cable system
	X /s/ Bruce Hanson 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: BRUCE HANSON Title: TREASURER (Title of official position held in corporation or partnership)	
	Date: 08/25/2020	

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counting Period: 2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TRANDALL CABLE SYSTEMS INC	791
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
** 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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