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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	rms (Short Form) ctions are located of this workbook	2/17/2021	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/2	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 th of the subsidiary, not that of the parent co	•	iary of another corporation, give the full corpo	orate title
Owner	List any other name or names under which	n the owner conducts the business of the	e cable system.	
	If there were different owners during the single statement of account and royalty fe		e last day of the accounting period should sut ng period.	omit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number as	ssigned by the Licensing Division.	20552
	LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		SJOBERGS CABLEVISION INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		315 MAIN AVE N (Number, street, rural route, apartment, or suite number)
		THIEF RIVER FALLS, MN 56701-1905 (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.
C System		
-		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.
-		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.
-	name 1	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. IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SJOBERGS CABLEVISION INC	20552
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	
Served	identified city.	
	CITY OR TOWN	STATE
First Community	MIDDLE RIVER	
· · · · · · · · · · · · · · · · · · ·		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM ID
Name	SJOBERGS CABLEVIS	ION INC							2055
	SECONDARY TRANSMISSION		IBSCR	IBERS AND R	ATES				
E	In General: The information in s					y transmission	service of	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	hla svetam	broken	
scribers and	down by categories of secondar	•					-		
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	number c	of persons or org	ganizations	charged	
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc						s wiu iir a		
	Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of						idel Selvi		
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	hand block. A t	wo- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCOTUB	LING	TUTE	0,111			OODOONIDENO	
	Service to first set		68	82.75					
	Service to additional set(s)	N/A		N/C					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC			SIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscril	oer) info	ormation with re	espect to a	ll your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There as furnished at cost or (2) services		,		0		0.		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the							-	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that							woro pot	
Rates	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip		·						
			CK 1					BLOCK 2	
		BLO							r
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:	1		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable	1	Installa			RATE T+M	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	RATE	Installa • Mo	ation: Non-res		T+M T+M	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 17.00/MO	Installa • Mo • Cor • Pay	ation: Non-res tel, hotel mmercial / cable	idential	T+M T+M N/C	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE 17.00/MO 17.00/MO	Installa • Mo • Cor • Pay	ation: Non-res tel, hotel mmercial	idential	T+M T+M	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 17.00/MO 17.00/MO N/A N/A	Installa • Mo • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection	idential	T+M T+M N/C N/C N/A		DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE 17.00/MO 17.00/MO N/A N/A N/A	Installa • Mo • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection glar protection	idential	T+M T+M N/C N/C		DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00/MO 17.00/MO N/A N/A N/A	Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:	idential	T+M T+M N/C N/C N/A N/A	CATEGO	DRY OF SERVICE	RATE
	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)	RATE 17.00/MO 17.00/MO N/A N/A N/A N/C 35.00	Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential	T+M T+M N/C N/C N/A N/A N/A		DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00/MO 17.00/MO N/A N/A N/A	Installa • Mo' • Cor • Pay • Pay • Fire • Bur Other • Rec • Dis	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect connect	idential	T+M T+M N/C N/C N/A N/A N/A N/C N/C		DRY OF SERVICE	RATE
	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)	RATE 17.00/MO 17.00/MO N/A N/A N/A N/C 35.00	Installa • Mo' • Cor • Pay • Pay • Fire • Bur Other • Rec • Dis	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential	T+M T+M N/C N/C N/A N/A N/A		DRY OF SERVICE	RATI

ounting Period:	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
Name	SJOBERGS CABLEV	ISION INC		20552
G Primary	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-the carriage of certain network progra	time basis under ams [sections
ransmitters: Television	Substitute Basis Stations basis under specific FCC m • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo evision station for broadcasting over	Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	2. B'CAST CHANNEL NUMBER	(for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station he community with which the statior	endent), "I-M" ional multicast). is licensed by the n is identified.
			3. TYPE OF STATION	4. LOCATION OF STATION
	KXJB	4	N	FARGO/VALLEY CITY, ND
	KCPM	5	 	GRAND FORKS, ND
as Necessary	WDAZ	8	Ν	DEVILS LAKE, ND
	KVLY	11	Ν	FARGO/GRAND FORKS, ND
	KGFE	2	E	GRAND FORKS, ND
	KVRR	10	l	THIEF RIVER FALLS, MN
	СВЖТ	12	I	WINNIPEG, MANITOBA

SJOBERGS	CABLEVIS	ION IN	C					SYSTEM 205
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei it the Cc sign of e the static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a wed 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 th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g	?) it can ertain st eneral i	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
lexican or Can	adian stations		the community with which the	station is identifi		0 01, 111		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID	
Name	SJOBERGS CABLEVI							2055	
	SUBSTITUTE CARRIAG		AI STATEME)G				
	In General: In space I, ident	-	-			tion. that vour	cable svs	tem carried on a	
Substitute	substitute basis during the a explanation of the programm	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or a	uthorizatio	ns. For a further	
Carriage:	1. SPECIAL STATEMEN	T CONCEP	RNING SUBS	TITUTE CARRIAGE					
Special tatement and	 During the accounting pe 	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any nonr	network telev	ision prog	ram	
Program Log	broadcast by a distant sta	ation?					YES	X NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust complet	e the proo	gram	
	log in block 2.								
	 LOG OF SUBSTITUTI In General: List each subs 		-	ate line. Use abbreviation	s wherever p	ossible. if the	ir meanin	a is	
	clear. If you need more spa	ace, please	add additiona	rows to the tables.	·			0	
	Column 1: Give the title period, was broadcast by a			vision program ("substitute our cable system substitut					
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for furth	er informa	ition.	
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Lo	ove Lucy"	or	
	Column 2: If the program	m was broa		er "Yes." Otherwise enter					
				asting the substitute prog the community to which th		consod by the		in	
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).			
	Column 5: Give the more first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerals,	with the r	nonth	
	. , , ,		e substitute pr	ogram was carried by you	r cable syste	m. List the tin	nes accur	ately	
	to the nearest five minutes		a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m. s	should be		
	stated as "6:00–6:30 p.m." Column 7: Enter the let		e listed program	n was substituted for prog	ramming that	vour svstem	was real	iired	
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program								
								ogram	
	was substituted for program	mming that y						ogram	
		mming that y			ler FCC rules	and regulati	ons in	ogram	
	was substituted for prograr effect on October 19, 1976	UBSTITUT	your system w	as permitted to delete und	ler FCC rules WHE CARRI	and regulati	UTE RRED	7. REASON FO	
	was substituted for prograr effect on October 19, 1976	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	-	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w	as permitted to delete und	ler FCC rules WHE CARRI	and regulati	UTE RRED	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON FO	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON FC	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON FC	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON FC	
	was substituted for program effect on October 19, 1976 S	UBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	VHE CARRI 5. MONTH	and regulati N SUBSTITI AGE OCCUI	UTE RRED IES	7. REASON F	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	S	YSTEM ID# 20552
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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.	ssion service mount, see	2,416.15 Pss 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$ 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 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	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:	2020/2					FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: ABLEVISION INC				SYSTEM ID# 20552
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number o s, and (2) the cable system's t I number of channels on which television broadcast stations I number of activated channels able system carried television cast services	otal number of activated channers of activated channers of activated channers of the cable of th	annels during the acc	counting period.	7 178
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		EDED (Identify an ind	lividual to whom	
for Further Information	Name	Richard J Sjoberg			Telephone	218-681-3044
	Address 	315 Main Ave N (Number, street, rural route, apartr Thief River Falls, MN (City, town, state, zip) rsjoberg@mnca	I 56701		Fax (optional) 218-681-680	1
O Certification	(Owne (Agen in X (Offic in • I have examined	Typed or printed Title:	Anthership) I am the owner ation or partnership) I am the owner is not a corporation or or if a corporation) or a partner is not a corporation or a partner of the owner is not a corporation or a partner is nowledge, information, and the owner is a straight of the owner is the owner of the owner owner of the owner own	of the cable system a ne duly authorized ago partnership; or (if a partnership) of the ty of law that all stater d belief, and are made Sjoberg e on the line above to o signature" (e.g., /s/ Ju joberg	ent of the owner of the cable s ne legal entity identified as ow ments of fact contained herein e in good faith.	system as identified mer of the cable system
		Date:	fficial position held in corporation	о, ранно опр <i>ј</i>	02/12/2021	

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: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DBERGS CABLEVISION INC	205
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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Name 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.	0
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Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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