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					
02/23/2021	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting		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							
		BENTON CABEVISION INC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		2220 125TH ST NW							
		(Number, street, rural route, apartment, or suite number) RICE MN 56367-9701							
		(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							
	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
	_	(number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: BENTON CABEVISION INC	FORM SA1-2E. PAGE SYSTEM II 3800
D	Instructions: List each separate community served by the cable system. A "community" is the "a separate and distinct community or municipal entity (including unincorporated communitidiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will see as the "first community." Please use it as the first community on all future filings.	e same as a "community unit" as defined in FCC rules ies within unincorporated areas and including single,
Aroa	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home par identified city.	ks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	RICE	MN
Community	(ROCKWOOD ESTATES MOBILE HOME PARK)	MN
ŀ	GILMAN	MN
Rows as Necessary	WATAB	MN
ŀ	BROCKWAY	MN
ŀ	GILMANTON	MN
ŀ	ALBERTA	MN
ļ	MILACA	MN
ŀ	(HERITAGE HOUSE OF MILACA)	MN
ļ	HAYLAND	MN
ŀ	MAYHEW LAKE	MN
ŀ	LANGOLA	MN
ļ	BORGHOLM	MN
ļ	BUCKMAN	MN
ŀ	SAUK RAPIDS	MN
ŀ	TWO RIVERS	MN
ļ		
ļ	BORGHOLM	MN
ŀ	GRANITE LEDGE	MN
!	GRANITE LEDGE	MN
!	HILLMAN	MN
ļ	MORRILL	MN
ŀ	BOCK	MN
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Accounting Period							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
- Trainio	BENTON CABEVISION	INC					
E	SECONDARY TRANSMISSION In General: The information in s	pace E should	cover	all categories o	f seconda		
Secondary	system, that is, the retransmission of television and radio broadcasts by your sy about other services (including pay cable) in space F, not here. All the facts you						
Transmission	last day of the accounting period (June 30 or December 31, as the case may be						
Service: Sub- scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers by categories of secondary transmission service. In general, you can come						
Rates	down by categories of secondary transmission service. In general, you can be each category by counting the number of billings in that category (the number separately for the particular service at the rate indicated—not the number of a Rate: Give the standard rate charged for each category of service. Include unit in which it is generally billed. (Example: "\$20/mth"). Summarize any stancategory, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of s systems most commonly provide to their subscribers. Give the number of subthat applies to your system. Note: Where an individual or organization is recategories, that person or entity should be counted as a subscriber in each a subscriber who pays extra for cable service to additional sets would be included 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 transmissions.						
	printed in block 1 (for example, t	•		•			
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	wo- or thre		
	sufficient.	OCK 1			1		
	BEC	NO. OF					
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATI		
	Service to first set		1,771	27.95			
	Service to instruct Service to additional set(s)			27.55			
	• FM radio (if separate rate)						
	Motel, hotel						
	Commercial						
	Converter						
	Residential		242	2.00			
	Non-residential						
F	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar	te (not subscril	ber) info that are	ormation with re e not offered in	espect to a		
Services Other Than Secondary Transmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai	nit in which it is rate column.	usually	/ billed. If any r	ates are c		
Rates	Block 2: List any services that			•			
	listed in block 1 and for which a		-		ished. List		
	brief (two- or three-word) descrip	otion and inclu	de the r	ate for each.			
		BLO					
	CATEGORY OF SERVICE	RATE		GORY OF SER			
	Continuing Services:	44.00		ation: Non-res	idential		
	Pay cable Pay cable—add'l channel	44.00	1	mmercial			
	Fire protection		1	y cable			
	•Burglar protection		i	y cable-add'l cl	nannel		
	Installation: Residential		1	e protection			
	• First set	75.00		rglar protection			
	Additional set(s)	-	Other	services:			
	• FM radio (if separate rate)		• Re	connect			
	Converter		• Dis	sconnect			
			• Ou	tlet relocation			
	i						

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

• Move to new address

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38006

BENTON CABEVISION INC

G

Primary Transmitters: Television

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 under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 the 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

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 multistream "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 community 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (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 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTCA - TPT2	2/2.1	E	ST PAUL MN
KTCI - TPTMN	2.2	E-M	ST PAUL MN
KTCI - TPTLIFE	2.3	E-M	ST PAUL MN
KTCA - TPTKIDS	2.4	E-M	ST PAUL MN
KTCA - TPTNOW	2.5	E-M	ST PAUL MN
WCCO-DT	4.1	N	MINNEAPOLIS MN
WCCO - START TV	4.2	N-M	MINNEAPOLIS MN
KSTPDT	5.1	N	ST PAUL MN
KSTCDT1	5.2	l	ST PAUL MN
KSTC - ME TV	5.3	N-M	ST PAUL MN
KSTC - ANTENNA	5.4	N-M	ST PAUL MN
KSTC - THIS TV	5.6	N-M	ST PAUL MN
KSTP - H & I	5.7	N-M	ST PAUL MN
WFTC - FOX9	9.1	N	MINNEAPOLIS MN
WFTC - MY TV	9.2	N-M	MINNEAPOLIS MN
WFTC - MOVIES!	9.3	N-M	MINNEAPOLIS MN
KMSP - BUZZR	9.4	N-M	MINNEAPOLIS MN
KMSP - LIGHTTV	9.5	N-M	MINNEAPOLIS MN
KMSP	9.9	N	MINNEAPOLIS MN
KARE - DT	11.1	N	MINNEAPOLIS MN
KARE - COURT TV	11.2	N-M	MINNEAPOLIS MN
KARE - TRUE CRIME	11.3	N-M	MINNEAPOLIS MN
KARE - QUEST	11.4	N-M	MINNEAPOLIS MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

38006

BENTON CABEVISION INC

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

Primary Transmitters: Radio

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.

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
				07.22 0.0.1	7 0. 1	0,2	2007111011011011111011
KMXK	FM		ST CLOUD MN				

Accounting Perio	nd: 2020/2						F∩DI	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#
Name	BENTON CABEVISION	INC						38006
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant state of the programm of the product of the produc	E: SPECIA ify every no accounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no distant sta egulations, or ries like "mo	eriod, under sp lest be included in RNING SUBS' ur cable system e rest of this pa AMS am on a separadd additional connetwork televition and that your or authorization	sion program, broadcast by secific present and former Fin this log, see page (v) of the triple of triple of the triple of triple o	y a distant star CC rules, reg he general ins usis, any nonr s "Yes," you r s wherever po e program") the ted for the pro neral instruct	ulations, of structions network to must compossible, if hat, durin ogrammir ions for fu	relevision prog	tem carried on a ns. For a further A1-2 form. ram X NO gram g is cing station tion.
	"NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM	1		N SUBS	CURRED	7. REASON FOR
	TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BENTON CABEVISION INC	SYSTEM ID# 38006
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transic (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic€
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 but less than or equal to 3. • 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.	\$263,80(
	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-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 \$137,1	00)
	1. Base amount under statutory formula	
	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 groce receipts from angel V	
	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	347.01
	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	\$ 1,666.01
	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)	1,666.01
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	\$ 1,686.01
	EFT Trace # or TRANSACTION ID # 26RBE23K	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF BENTON CABEVISION				SYSTEM ID# 38006
M		* ,		s on which the cable system carried television broadcast stations er of activated channels during the accounting period.	
	Enter the total number o system carried television			9	34
	Enter the total number of on which the cable system and nonbroadcast service.	m carried television broa		t stations	184
N Individual to Be Contacted	INDIVIDUAL TO BE CON- we can contact about this s		INFO	RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Tim H a	ayes		Telephone 3	320-393-2115
	(Number, s	25th St NW street, rural route, apartment IN 56367 , state, zip)	t, or suite	e number)	
	Email	thayes@bctelco.ne	et	Fax (optional)	
O Certification	I, the undersigned, hereby (Owner other than a second content of the second conten	certify that (Check one,	but onl	tified and signed in accordance with Copyright Office regulations) by one, of the boxes.) p) I am the owner of the cable system as identified in line 1 of space B artnership) I am the duly authorized agent of the owner of the cable sy	
	in line 1 of sp	pace B and that the owner	er is no	ation) or a partner (if a partnership) of the legal entity identified as own	
	I have examined the stater	ment of account and here		clare under penalty of law that all statements of fact contained herein je, information, and belief, and are made in good faith.	
		Ent		/s/Cheryl Scapanski electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed na	ame:	Cheryl Scapanski	
				al Manager In held in corporation or partnership)	
		Date:		2/23/2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
NTON CABEVISION INC	38006
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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	
* 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@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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