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

STATEMI	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	– coplicsoa@loc.gov
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	02/23/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optiona	I - see instructions)	
В	Instructions: Give the full legal name of the owner of t the subsidiary, not that of the parent cor		diary of another corporation, give the full corp	orate title of
Owner	List any other name or names under whic	ch the owner conducts the business of th	e cable system.	
	If there were different owners during the statement of account and royalty fee pay		he last day of the accounting period should sul riod.	bmit a single
	Check here if this is the system's first filin	ng. If not, enter the system's ID number a	ssigned by the Licensing Division.	3998
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	Midcontinent Communications			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT))	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 5040	a comban)		
	(Number, street, rural route, apartment, or suite Sioux Falls, SD 57117-504			
	(City, town, state, zip)	ness or trade names used to ider	ntify the business and operation of the	system unless these
C	names already appear in space B. In line	e 2, give the mailing address of th	e system, if different from the address	given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM: Ely, MN			
	MAILING ADDRESS OF CABLE SYSTEM	М:		
	2 PO Box 5040	numbor)		

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.

Sioux Falls, SD 57117-5040

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Midcontinent Communications	399
D	Instructions: List each separate community served by the cable system. A "community" is the separate and distinct community or municipal entity (including unincorporated communities w unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a fer community." Please use it as the first community on all future filings.	within unincorporated areas and including single, discrete form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home part	ks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Ely (Ely-outs now reports with Ely)	MN
Community	Babbitt (Babbitt-outs now reports with Babbitt)	MN
	Breitung Township Tower	MN MN
ld Rows as Necessary	Winton	MN
	Willcon	WIN

	LEGAL NAME OF OWNER OF CA	BIE SVSTEM						9V9	TEM IC
Name	Midcontinent Communic							515	399
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission	•		0					
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate	indicate	d-not the nur	nber of set	s receiving serv	ice).	Ū	
	Rate: Give the standard rate c	-	-						
	unit in which it is generally billed. category, but do not include disc					d rate variation	s within a p	particular rate	
	Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Note			•		0			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, t					,	,,	, 0	
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	hand block. A t	wo- or thre	e-word descripti	on of the s	service is	
		DCK 1					BLOCK	ζ2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRID	ENG					SUBSCRIBERS	
	Service to first set		968	22.95	Busine	ss Accounts		27	22.9
	Service to additional set(s)				High De	of Converter		494	8.0
	• FM radio (if separate rate)				······	Homes		138	9.0
	Motel, hotel		155	9.00	Hospita	5		36	5.6
	Commercial		205	26.00	·····				
	Converter		526	3.00					
	Residential								
	Non-residential								
			Nemier						
-	SERVICES OTHER THAN SEC In General: Space F calls for rat					ll your cable sys	tem's serv	rices that were	
F	In General: Space F calls for rat not covered in space E, that is, t	e (not subscril hose services	ber) info that are	ormation with re e not offered in	espect to a combination	on with any seco	ondary trar	nsmission	
	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar	e (not subscril hose services e two exceptio	ber) info that are ons: you	rmation with re not offered in do not need to	espect to a combination give rate	on with any seco information con	ondary trar cerning (1)	nsmission) services	
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Accounting Period: 2	2020/2			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID					
	Midcontinent Commu	inications		3998					
	PRIMARY TRANSMITTERS:								
G	•	entify every television station (including tr m during the accounting period, <i>except</i> (•	,					
_	FCC rules and regulations	in effect on June 24, 1981, permitting the	e carriage of certain network program	ms [sections					
Primary Transmitters:		e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph.	(e)(2) and (4))]; and (2) certain stati	ons carried on a					
Television	Substitute Basis Stations	: With respect to any distant stations ca	rried by your cable system on a subs	stitute 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 <i>only</i> on	a substitute basis. also in space I, if the station was carried	hoth on a substitute basis and also	on some other					
	basis. For further information	on concerning substitute basis stations, s	see page (v) of the general instruction	ons.					
		n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	-	-					
	"WETA-2" as the same on	the form.	C 1 1 1						
		el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	ision station for broadcasting over th						
		n case whether the station is a network s pring the letter "N" (for network), "N-M" (for							
	(for independent multicast)	, "E" (for noncommercial educational), or	"E-M" (for noncommercial educatio	· · ·					
		erms, see page (iv) of the general instruc in of each station. For U.S. stations, list t		s licensed by the					
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	e community with which the station i	s identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KBJR-DT	19	N	SUPERIOR, WI (NBC)					
	KBJR-DT2	19.2	N-M	SUPERIOR, WI (CBS)					
Add Rows as Necessary	KBJR-DT3	19.3	I-M	SUPERIOR, WI (MNT/HEROES)					
	KDLH-DT	33	I	DULUTH, MN (CW)					
	KQDS-DT	18	I	DULUTH, MN (FOX)					
	KQDS-DT2	18.2	I-M	DULUTH, MN (ANTENNA)					
	WDIO-DT	10	N	DULUTH, MN (ABC)					
	WDIO-DT2	10.2	I-M	DULUTH, MN (ME TV)					
	WDSE-DT	8	Е	DULUTH, MN (PBS)					
	WDSE-DT3	8.3	E-M	DULUTH, MN (PBS CREATE HD)					
	WDSE-DT2	8.2	E-M	DULUTH, MN (PBS EXPLORE HD)					
	WDSE-DT5	8.5	E-M	DULUTH, MN (PBS MN CHL)					

EGAL NAME OF								SYSTEM I
Aidcontinen	t Commun	ication	S					39
	every radio s	tation ca	rried on a separate and discrence of the second s					н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by nonitoring, to rmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio on's sign g a checl	-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. n is AM or FM. nal was electronically process and was electronically process mark in the "S/D" column.	t the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2 nna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	e expected, ited intervals. structions in the. nd discrete	Primary Transmitters Radio
			the community with which the	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						l		

Accounting Perio	d: 2020/2						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Midcontinent Commur	nications						3998
1	SUBSTITUTE CARRIAGE							
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	s, any nonne	twork telev	vision progran	n
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No"	', leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ist comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			ta lina. I laa ahkraviatiana		aible if the		
	In General: List each subst clear. If you need more spa				wnerever pos	SIDIE, IT THE	eir meaning is	5
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a					•		
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.	Bulls."			·	• •	,	
				r "Yes." Otherwise enter "N sting the substitute progra				
		•		e community to which the		nsed by th	e FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give	,	when your syst	tem carried the substitute	program. Use	numerals	, with the mor	hth
			substitute pro	gram was carried by your	cable system.	List the ti	mes accurate	ly
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	ar "R" if the	listed program	was substituted for progra	mming that v	our eveten	n was <i>require</i>	d
	to delete under FCC rules a					•	•	
	was substituted for program	nming that y		e				
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM	l		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
					1			1

-	2020/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:			s	A1-2E. PAGE
Name	Midcontinent Communications			_	399
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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.	system's ion of how	secondary transm v to compute this a	ission service amount, see	2,081.71
	IMPORTANT: You must complete a statement in space P concerning gross r	eceipts.		(Amount of gr	oss receipts)
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1:	37,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that	you must pay for th	nis 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
					0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 1 and	12		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE				
	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			162,081.71	
	5. Enter the amount from line 3			101,718.29	
	6. Subtract line 5 from line 4			60,363.42	
	7. Multiply line 6 by .005 (enter figure here)			\$	301.82
	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		\$	301.82
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63.800 (b	ut 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)				
	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	6		
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and					
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	301.82	
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			\$	321.82

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: Communications				SYSTEM ID# 3998
M Channels				Is on which the cable system carried telev ber of activated channels during the accou		
		al number of channels on whicl ed television broadcast stations		le		12
	on which the	al number of activated channel cable system carried television dcast services	n broadc	ast stations		324
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of account		DRMATION IS NEEDED (Identify an individention of the second	dual to whom	
for Further Information	Name	Wynne Haakenstad			Telephone	952-844-2622
	Address	3600 Minnesota Drive (Number, street, rural route, apartm				
		Edina, MN 55435 (City, town, state, zip)				
	Email	wynne.haakenst	tad@mio	ico.com F	Fax (optional	
	CERTIFICATION	(This statement of account mu	ust be ce	tified and signed in accordance with Copy	right Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check on	ne, <i>but on</i>	<i>ly one</i> , of the boxes.)		
	(Owne	er other than corporation or pa	artnershi	p) I am the owner of the cable system as ide	entified in line 1 of space B	; or
	(Agent	-	-	artnership) I am the duly authorized agent o not a corporation or partnership; or	of the owner of the cable s	ystem as identified
	X (Offic			ation) or a partner (if a partnership) of the le	gal entity identified as own	er of the cable system
		ete, and correct to the best of my	-	clare under penalty of law that all statements ge, information, and belief, and are made in		
			X	/s/ Wynne Haakenstad		
				electronic signature on the line above to certif nature using an "/s/ signature" (e.g., /s/ John S	•	
		Typed or printed	name:	Wynne Haakenstad		
		Title:		or of Programming		
		Date:			2/18/21	

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

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Icontinent Communications	399
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment - ys -
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 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 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 Enter the amount of late payment or underpayment	

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