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
2/26/2021
\$
ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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 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	
		Western Montana CommunityTel Inc	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		312 Main St SW (Number, street, rural route, apartment, or suite number)	
		Ronan, MT 59864	
		(City, town, state, zip)	
С		FRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	se
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		St. Ignatius	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	1	\mathbf{L} , , ,	
Privacy Act Notic	e: Section	on 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this	

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and it 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	Western Montana CommunityTel Inc	61443
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 Note: Entities and properties such as hotels, apartments, condominiums, or	prated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter knowr filings.
Area Served	identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First Community	St. Ignatius	MT
Community		
d Rows as Necessary		
nows as necessary		

	1						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				SYS	
	Western Montana Com	munityTel lı	าต					6144
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBERS AN	D RATES				
E	In General: The information in s							
- ·	system, that is, the retransmission							
Secondary Transmission	about other services (including particular to a service of the accounting period					those exis	ting on the	
Service: Sub-	Number of Subscribers: Bot					ble system	n, broken	
scribers and	down by categories of secondar	•				•		
Rates	each category by counting the n			•	•	•	s charged	
	separately for the particular server Rate: Give the standard rate of						ac and the	
	unit in which it is generally billed							
	category, but do not include disc					o mann a		
	Block 1: In the left-hand block	•		0	•			
	systems most commonly provide							
	that applies to your system. Not categories, that person or entity		-		-			
	subscriber who pays extra for ca					•		
	first set" and would be counted of							
	Block 2: If your cable system	-	-					
	printed in block 1 (for example, t					,.		
	with the number of subscribers a sufficient.	and rates, in th	e right-hand block.	A two- or three	e-word descript	ion of the	service is	
		OCK 1				BLOCH	<2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SOBSCIUD				(VIOL	SOBSCINIBLING	1041
	Service to first set		41 67.7	'9				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC		ANSMISSIONS: R	ATES				
F	In General: Space F calls for ra	•	,	•				
Г	not covered in space E, that is, t				,	,		
Services	service for a single fee. There and furnished at cost or (2) services	•		•		• •	,	
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the	rate column.	-		-		-	
ransmissions:	Block 1: Give the standard ra							
Rates	Block 2: List any services that listed in block 1 and for which a							
	brief (two- or three-word) description		,				elonnora	
	CATEGORY OF SERVICE	BLO RATE	CK 1 CATEGORY OF S		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:	NATE	Installation: Non		NATE	CATEG	ORT OF SERVICE	IVA I
			Motel, hotel	lesidential				
	Pay cable		Commercial					
	Pay cable Pay cable—add'l channel		Sommoroial					.
	Pay cable—add'l channel		 Pav cable 			1		
	Pay cable—add'l channel Fire protection		 Pay cable Pay cable-add 	'l channel				
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pay cable-add					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	50 00	• Pay cable-add • Fire protection					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	50.00 24.95	• Pay cable-add • Fire protection • Burglar protec					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	50.00 24.95	 Pay cable-add Fire protection Burglar protection Other services: 		50.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		Pay cable-add Fire protection Burglar protect Other services: Reconnect		50.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		Pay cable-add Fire protection Burglar protect Other services: Reconnect Disconnect	tion				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		Pay cable-add Fire protection Burglar protect Other services: Reconnect	tion	50.00 35.95 50.00			

counting Period: 2	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Western Montana Co	mmunityTel Inc		61443
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	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 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. 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	t (1) stations carried only on a part-tii he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КТМF	23	N	MISSOULA, MT
	KECI	13	Ν	MISSOULA, MT
ws as Necessary		8.1		

EGAL NAME OI								SYSTEM 614
	t every radio s	station ca	arried on a separate and discrence of the second					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	AM or FM	S, II AIIY,	the community with which the	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	
						·		
						·		

Accounting Perio	od: 2020/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Western Montana Con	nmunityT	el Inc					61443
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion that you	ır cahle svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	he general in	structions in	he 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	asis, any noni	network tele	<u>isi</u> on prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your oppyor in "No	" loovo tha	root of this no	aa blank. If your anowar i	а "Vaa " ман и			
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer i	s res, your	must comple	te the prog	Jram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	eir meaning	a is
	clear. If you need more spa							5
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by th	e ECC or	in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day		stem carried the substitut			, with the n	nonth
	first. Example: for May 7 gi							. (.) .
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car		1. 10 p.m. to c		Should be	
	Column 7: Enter the lett			m was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete une	ter FCC rules	s and regula	lions in	
		•			· ·			1
						N SUBSTIT		
	S		E PROGRAM			AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	MES - TO	5222.1011
		100 01110	ONEL CICIT		THE BITT	THOM	10	
							-	
							-	
						-	-	
						_	-	
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						_	-	
						_	_	
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						_	_	
							-	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Western Montana CommunityTel Inc		61443
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 transmi (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	7 ,346.45 ss receipts)
	COPYRIGHT ROYALTY FEE		
L 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 \$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	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but 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		nts!

Accounting Period:	2020/2		FORM SA1-2E. PAG	GE 7
Name	LEGAL NAME OF OWNER OF CABLE Western Montana Community		SYSTEM 614	/ ID# 443
M Channels	to its subscribers, and (2) the cable1. Enter the total number of chann system carried television broadca2. Enter the total number of activa on which the cable system carried	ast stations	uring the accounting period.	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED we can contact about this stateme	D IF FURTHER INFORMATION IS NEEDED (Ide nt of account.)		
for Further Information	Name Michelle Ma	rengo	Telephone (406) 676-9218	
	Ronan, MT ((City, town, state, zi	al route, apartment, or suite number) 59864	Fax (optional) (406) 676-8889	
Certification	 (Owner other than corp X (Agent of owner other the in line 1 of space B a (Officer or partner) I are in line 1 of space B. I have examined the statement of are true, complete, and correct to the [18 U.S.C., Section 1001(1986)] 	Ind that the owner is not a corporation or partnersh In an officer (if a corporation) or a partner (if a partner account and hereby declare under penalty of law the le best of my knowledge, information, and belief, and Michelle Marengo Accounting Mananger	uthorized agent of the owner of the cable system as identified ip; or hership) of the legal entity identified as owner of the cable system hat all statements of fact contained herein ind are made in good faith. O he above to certify this statement. "" (e.g., /s/ John Smith)	
	Date	(Title of official position held in corporation or partnersh	hip) 1/29/2021	

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unting Period: 2020/2	FORM SA1-2E. PAGI
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
stern Montana CommunityTel Inc	614
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	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address 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 Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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