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			
2/17/2021	\$ 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	DUNTING 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.
		T
		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 salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
0		
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2020/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SJOBERGS CABLEVISION INC	773
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorp 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	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
Florat	CITY OR TOWN RED LAKE FALLS	STATE MN
First Community	RED LAKE FALLS	MIN
Add Rows as Necessary		
riad nows as recessary		

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SJOBERGS CABLEVISION INC

773

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, 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 secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the 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, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	229	82.75	MOTEL EXTRA SET	34	1.50/MC	
Service to additional set(s)	N/A					
• FM radio (if separate rate)	N/A					
Motel, hotel	1	82.75				
Commercial	2	82.75				
Converter	N/A					
Residential	N/A					
Non-residential	N/A					
	T	1		I		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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) description and include the rate for each.

BLOCK 1		CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.00/MO	Motel, hotel	T+M		
 Pay cable—add'l channel 	N/A	Commercial	T+M		
 Fire protection 	N/A	• Pay cable	N/C		
•Burglar protection	N/A	 Pay cable-add'l channel 	N/C		
Installation: Residential		Fire protection	N/A		
• First set	N/C	Burglar protection	N/C		
Additional set(s)	35.00	Other services:			
 FM radio (if separate rate) 		Reconnect	N/C		
Converter	N/A	Disconnect	N/C		
		Outlet relocation	N/C		
		Move to new address	N/C		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SJOBERGS CABLEVISION INC

773

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
KXJB	4	N	FARGO, ND
КСРМ	5	l	GRAND FORKS, ND
WDAZ	8	N	DEVILS LAKE, ND
CBWT	12	I	WINNIPEG, MANITOBA
KVLY	11	N	GRAND FORKS, ND
KBRR	10	I	THIEF RIVER FALLS, MN

SJOBERGS CABLEVISION INC

772

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

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.

Primary Transmitters: Radio

- 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).

0411 010::		0/0		T 0411 01011	l	0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 					
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Accounting Perio	od: 2020/2								FORM	// SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						. 5.0	SYSTEM ID#	
Name	SJOBERGS CABLEVI	SION INC								773	
ı	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a	tify every no	nnetwork televi	ision program, broadcast	by a <i>dis</i>						
Substitute	explanation of the programn										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							ram_			
Program Log							YES	X NO			
	Note: If your answer is "No	o". leave the	rest of this pa	ige blank. If your answe	is "Ye	s." vou r	nust com	plete	the proc		
	log in block 2.	,	•	,		, ,		•	, ,		
	2. LOG OF SUBSTITUT	E PROGRA	AMS								
	In General: List each subs				ns whe	erever po	ossible, i	their	meaning	g is	
	clear. If you need more spa				ite pro	aram") tl	nat durin	a the	account	ina	
	period, was broadcast by a under certain FCC rules, re	a distant sta	tion and that y	our cable system substit	uted fo	or the pro	ogrammii	ng of a	another	station	
	Do not use general catego "NBA Basketball: 76ers vs	. Bulls."					example,	"I Lov	e Lucy"	or	
	Column 2: If the progra Column 3: Give the call										
	Column 4: Give the bro	adcast stati	on's location (the community to which	the sta			y the	FCC or,	in	
	the case of Mexican or Ca								.:41- 41	41-	
	Column 5: Give the mo first. Example: for May 7 gi		wnen your sy	stem carried the substitu	ite pro	gram. Us	se numei	ais, w	ith the n	nontn	
	Column 6: State the time	es when the								ately	
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:	01։15 բ	o.m. to 6	:28:30 p.	m. sh	ould be		
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the	listed prograr	n was substituted for pro	gramn	ning that	your sys	tem v	vas requ	ired	
	to delete under FCC rules	and regulat	ions in effect d	uring the accounting pe	riod; er	nter the I	etter "P"	if the	listed pro		
	was substituted for program effect on October 19, 1976	•	your system w	as permitted to delete u	nder F	CC rules	and reg	ulatio	ns in		
	ellect off October 19, 1970	'-									
	_			_			N SUBS				
	S		E PROGRAM		┦┢		AGE OC			REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	1 1 -	MONTH ND DAY	FROM	TIME	TO		
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	S	'STEM ID# 773
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 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	,063.80 ss receipts)
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 \$20 to 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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
1	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		
	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)	
	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		its!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 773
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.	6
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	180
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	Address 315 Main Ave N	218-681-3044
	(Number, street, rural route, apartment, or suite number) Thief River Falls, MN 56701 (City, town, state, zip)	
	Email rsjoberg@mncable.net Fax (optional) 218-681-680	1
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, but only one, of the boxes.) (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 over 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 herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	system as identified oner of the cable system
	[18 U.S.C., Section 1001(1986)] X /s/ Richard J Sjoberg 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: Richard J Sjoberg Title: President (Title of official position held in corporation or partnership)	
	Date: 02/12/2021	

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ounting Period: 2020)/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER	OF CABLE SYSTEM:	SYSTEM ID
DBERGS CABLE	VISION INC	773
The Satellite Home lowing sentence: "In determin service of properties and service of propertie	FEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS E Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- using the total number of subscribers and the gross amounts paid to the cable system for the basic roviding secondary transmissions of primary broadcast transmitters, the system shall not include sub- diamounts collected from subscribers receiving secondary transmissions pursuant to section 119." on on when to exclude these amounts, see the note on page (vii) of the general instructions or SA1-2 form. ing period, did the cable system exclude any amounts of gross receipts for secondary transmissions arriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST ASS	SESSMENT	
-	this worksheet for those royalty payments submitted as a result of a late payment or underpayment. of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the a	mount of late payment or underpayment	Interest Assessment
Lima O. Muddimbulim	A but the interset rate, and enter the cum bare	
Line 2 Multiply line	e 1 by the interest rate* and enter the sum here	
	xdays	
Line 3 Multiply line	e 2 by the number of days late and enter the sum here	
	e 3 by 0.00274** and enter here (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
spass <u>2</u> ,	(interest charge)	
	terest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please censing Division at (202) 707-8150 or licensing@loc.gov.	
CONTRACT THE LI		
	ecimal equivalent of 1/365, which is the interest assessment for one day late.	
** This is the de		
** This is the de	ecimal equivalent of 1/365, which is the interest assessment for one day late. ling this worksheet covering a statement of account already submitted to the Copyright Office, please or, address, first community served, ID number, and accounting period as given in the original filing.	
** This is the de NOTE: If you are fil list below the owne	ling this worksheet covering a statement of account already submitted to the Copyright Office, please	
** This is the de	ling this worksheet covering a statement of account already submitted to the Copyright Office, please	
** This is the de NOTE: If you are fil list below the owner Owner Address	ling this worksheet covering a statement of account already submitted to the Copyright Office, please	
** This is the de NOTE: If you are fil list below the owner	ling this worksheet covering a statement of account already submitted to the Copyright Office, please r, address, first community served, ID number, and accounting period as given in the original filing.	

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