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	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Secondary	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable System General instruct in the first tab of		2/17/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	2020/2	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
Period				
B Owner	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co List any other name or names under which	prporation.	liary of another corporation, give the full corp le cable system.	porate title
	If there were different owners during the a single statement of account and royalty fe		ne last day of the accounting period should suing period.	ıbmit a
	Check here if this is the system's first filing	If not enter the system's ID number a	issigned by the Licensing Division	773

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
		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.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	I	
		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.

Return completed workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	SJOBERGS CABLEVISION INC	77
	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	
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area	identified city.	mobile nome parks should be reported in parentneses below the
Served	identified only.	
	CITY OR TOWN	STATE
First	RED LAKE FALLS	MN
Community		
ld Rows as Necessary		
a nows as necessary		

	LEGAL NAME OF OWNER OF O							FORM SA1-	TEM IC
Name	SJOBERGS CABLEVIS		•					010	77
		-							
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	convice of	the cable	
-	system, that is, the retransmissi	-		-		•			
Secondary	about other services (including								
Transmission	last day of the accounting period	•				,			
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•							
Rates	each category by counting the r	•				•			
	separately for the particular service		-	•••		•		, enalged	
	Rate: Give the standard rate of	-		• •				-	
	unit in which it is generally billed category, but do not include dise			,	iy standa	rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provid	e to their subsc	ribers.	Give the number	r of subso	cribers and rate	for each li	sted category	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted						idel Selvi		
	Block 2: If your cable system					service that are	different	rom those	
	printed in block 1 (for example,								
	with the number of subscribers a sufficient.	and rates, in the	e right-l	hand block. A two	o- or thre	e-word descript	ion of the	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT			NO. OF	
	Residential:	SUBSCRIBI	EKS	RAIE	CAT	EGORY OF SEF	(VICE	SUBSCRIBERS	RATI
	Service to first set		229	82.75	MOTEL	EXTRA SE	r	34	1.50/
	Service to additional set(s)	N/A		0_110				<u> </u>	
	• 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							
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	,	,			• •			
•	not covered in space E, that is, service for a single fee. There a					,	,		
Services	furnished at cost or (2) services		,		0		0 (,	
Other Than	amount of the charge and the u		usually	/ billed. If any rat	tes are ch	narged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra		ho cob	la system for oas	b of the	applicable convi	oog ligtod		
ransmissions: Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descri	ption and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	'ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-resid	dential				
	• Pay cable	17.00/MO	• Mo	tel, hotel		T+M			
	 Pay cable—add'l channel 	N/A	• Co	mmercial		T+M			
	Fire protection	N/A		y cable		N/C			
	 Burglar protection 	N/A	•Pa	y cable-add'l cha	annel	N/C			
	Installation: Residential			e protection		N/A			
	• First set	N/C		rglar protection		N/C			
	Additional set(s)	35.00		services:					
	 FM radio (if separate rate) 			connect		N/C			
	Converter	N/A		sconnect		N/C			
	• Converter	N/A	۰Ou	sconnect tlet relocation we to new addre		N/C N/C N/C			

counting Period: 2	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	SJOBERGS CABLEV	SION INC		773
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, an	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 of	<i>t</i> (1) stations carried only on a part-tii he carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati	me basis under ms [sections ions carried on a
		les, regulations, or authorizations: e in space G—but do list it in space I (i a substitute basis.	the Special Statement and Program L	og)—if the
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t	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-th the form. el number the FCC assigned to the tele	, see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report	ons. N, etc. Identify each rt multistream
	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 locatio	RC is channel 4 in Washington, D.C. a case whether the station is a network wring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of the	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i	noncommercial ndent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КХЈВ	4	N	FARGO, ND
	КСРМ	5	l	GRAND FORKS, ND
d Rows as Necessary	WDAZ	8	Ν	DEVILS LAKE, ND
	СВЖТ	12	l	WINNIPEG, MANITOBA
	KVLY	11	Ν	GRAND FORKS, ND
	KBRR	10		THIEF RIVER FALLS, MN

SJOBERGS	CABLEVIS	ION IN	С					7
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a 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 abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C stem 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 the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s le station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0				0,0		
							·	
						·		

Accounting Perio	od: 2020/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	SJOBERGS CABLEVI	SION INC						773
					_			
	SUBSTITUTE CARRIAG	-	-					
I	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ne general in			
Special	During the accounting per				eie anv non	network tel	avision prog	ram
Statement and			ui cable syster	in carry, on a substitute ba	515, any non			
Program Log	broadcast by a distant sta	luon?				L	YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must comp	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if tl	heir meaning	g is
	· ·			vision program ("substitute	e program") t	hat. during	the account	ina
	period, was broadcast by a	i distant sta	tion and that y	our cable system substitut	ed for the pr	ogramming	of another	station
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for fur	ther informa	tion.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	am titles, for o	example, i	Love Lucy	or
	_		idcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
	the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example:	a program car	ned by a system from 6.0	1:15 p.m. to e	5:26:30 p.m	. should be	
		ter "R" if the	e listed prograr	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regula	ations in	
		•						
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
								
							_	
							_	
							_	
							_	
	l							

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SY	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 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.	ission service amount, see	7,063.80 ss 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 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.	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 t accounting period is \$52.00	this 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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	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. PAGE 7
Name		WNER OF CABLE SYSTEM: BLEVISION INC		SYSTEM ID# 773
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	and (2) the cable system's total num number of channels on which the cab	it stations	
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFO bout this statement of account.)	RMATION IS NEEDED (Identify an individual to who	m
for Further Information	Name	Richard J Sjoberg		Telephone 218-681-3044
	Address	315 Main Ave N (Number, street, rural route, apartment, or su Thief River Falls, MN 56701 (City, town, state, zip)		
	Email	rsjoberg@mncable.net	Fax (optiona	al) 218-681-6801
O Certification	I, the undersigned (Owne (Agenti in I X (Offic in I . I have examined	d, hereby certify that (Check one, <i>but of</i> other than corporation or partnersh of owner other than corporation or p ne 1 of space B and that the owner is n r or partner) I am an officer (if a corpo ne 1 of space B. the statement of account and hereby d , and correct to the best of my knowled	ip) I am the owner of the cable system as identified in I artnership) I am the duly authorized agent of the owne	ine 1 of space B; or er of the cable system as identified identified as owner of the cable system ontained herein
			/s/ Richard J Sjoberg electronic signature on the line above to certify this state nature using an "/s/ signature" (e.g., /s/ John Smith)	ement.
		Typed or printed name: Title: Presi (Title of official positi	Richard J Sjoberg dent on held in corporation or partnership)	
		Date:	02/12/20)21

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bunting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DBERGS CABLEVISION INC	77
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.	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
II INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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