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
8/16/2021
\$
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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Midcontinent Communications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 5040
		(Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040 (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: Ely, MN
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040 (City, town, state, zip code)

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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Midcontinent Communications	39
	Instructions: List each separate community served by the cable system. A "communi	
_	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	as the "first community." Please use it as the first community on all future filings.	st will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified 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	MN
ld Rows as Necessary	Tower	MN
	Winton	MN
		11 011101101101101101010101010101010101

	LEGAL NAME OF OWNER OF C	ARI E QVQTEM						FORM SA1-	TEM ID
Name	Midcontinent Communi							010	399
Е	SECONDARY TRANSMISSION					, transmission	oonvige of t	ha aabla	
-	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
Rates	separately for the particular serv					•		charged	
	Rate: Give the standard rate of	-	-	•			-		
	unit in which it is generally billed	• •		,	iny standa	rd rate variatior	is within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servic	e that cable	
	systems most commonly provide	•		•					
	that applies to your system. Not	<b>e:</b> Where an in	dividua	l or organizatio	n is receiv	ing service that	falls under	different	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					I in the count ur	nder "Servio	ce to the	
	Block 2: If your cable system	0			( )	service that are	e different fr	om those	
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	ore secon	dary transmissi	ons), list the	em, together	
	with the number of subscribers a	and rates, in the	e right-ł	hand block. A t	wo- or thre	e-word descript	ion of the s	ervice is	
	sufficient. BLC	DCK 1					BLOCK	2	
		NO. OF		DATE	0.4.75	NO. OF			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Service to first set		965	22.95	Rusine	ess Accounts			22.9
	Service to additional set(s)		500	22.33		Def Converter			3.0
	• FM radio (if separate rate)					g Homes		508 141	9.0
	Motel, hotel		155	9.00	Hospita			36	5.6
	Commercial		204	69.95					
	Converter		538	3.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				e				
-	In General: Space F calls for ra					Il your cable sy	stem's serv	ices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There are	•			•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			2		algou on a tan	anio hoi hi	ogiani zacio,	
ransmissions:	Block 1: Give the standard rat			•					
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				SIICU. LISU				
		BLOO						BLOCK 2 ORY OF SERVICE	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services:	RATE	-	GORY OF SER ation: Non-res	-	RATE	CATEGO		RATE
		RATE 16.00	Installa		-	RATE 499.00	Cinema		
	Continuing Services:		Installa • Mo	ation: Non-res	-			X	RATE 16.0 10.0
	Continuing Services: • Pay cable		Installa • Mo • Co	ation: Non-res tel, hotel	-	499.00	Cinema Digital <sup>-</sup> Showtir	x 1 ne	16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mo • Co • Pa	ation: Non-res tel, hotel mmercial	idential	499.00	Cinema Digital <sup>2</sup> Showtir Starz!&	x 1 ne	16.0 10.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installa • Mo • Col • Pay • Pay	ation: Non-res tel, hotel mmercial y cable	idential	499.00	Cinema Digital <sup>2</sup> Showtir Starz!& TMC	x 1 ne Encore	16.0 10.0 16.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installa • Mo • Col • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	idential	499.00	Cinema Digital <sup>2</sup> Showtir Starz!& TMC	x 1 ne	16.0 10.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	16.00 25.00	Installa • Mo • Col • Pay • Pay • Fire • Bui	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	idential	499.00	Cinema Digital <sup>2</sup> Showtir Starz!& TMC	x 1 ne Encore	16.0 10.0 16.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	16.00 25.00	Installa • Mo • Col • Pay • Fare • Bur Other • Re	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch protection rglar protection services: connect	idential	499.00	Cinema Digital <sup>2</sup> Showtir Starz!& TMC	x 1 ne Encore	16.0 10.0 16.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	16.00 25.00	Installa • Mo • Co • Pay • Pay • Fire • Bu • Bu Other • Re • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect connect	idential	499.00 499.00	Cinema Digital <sup>2</sup> Showtir Starz!& TMC	x 1 ne Encore	16.0 10.0 16.0 16.0 16.0
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	16.00 25.00	Installa • Mo • Co • Pay • Pay • Fire • Bu • Bu Other • Re • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch protection rglar protection services: connect	idential	499.00 499.00	Cinema Digital <sup>2</sup> Showtir Starz!& TMC	x 1 ne Encore	16.0 10.0 16.0 16.0 16.0

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Midcontinent Commu			39
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried I on concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain si ried by your cable system on a s e Special Statement and Program both on a substitute basis and al ee page (v) of the general instru- ogram services such as HBO, ES air designation. For example, re- sion station for broadcasting over ation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the statio	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	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)
d Rows as Necessary	KBJR-DT2 KBJR-DT3	19.2 19.3	N-M I-M	
d Rows as Necessary				SUPERIOR, WI (CBS)
ld Rows as Necessary	KBJR-DT3	19.3		SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES)
d Rows as Necessary	KBJR-DT3 KDLH-DT	19.3 33		SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW)
d Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT	19.3 33 18	i-M i i	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX)
d Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2	19.3 33 18 18.2	I-M I I I-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (ANTENNA)
ld Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT	19.3 33 18 18.2 10	I-M I I I-M N	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC)
ld Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2	19.3 33 18 18.2 10 10.2	I-M I I I-M N I-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV)
'd Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT	19.3         33         18         18.2         10         10.2         8	I-M I I I-M N I-M E	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS)
d Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT WDSE-DT3	19.3 33 18 18.2 10 10.2 8 8.3	I-M I I I-M N I-M E E E-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS) DULUTH, MN (PBS CREATE HD)
ld Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT WDSE-DT3 WDSE-DT2	19.3 33 18 18 18.2 10 10 10.2 8 8 8.3 8.2	I-M I I I-M N I-M E E E-M E-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS) DULUTH, MN (PBS CREATE HD) DULUTH, MN (PBS EXPLORE HD)
d Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT WDSE-DT3 WDSE-DT2	19.3 33 18 18 18.2 10 10 10.2 8 8 8.3 8.2	I-M I I I-M N I-M E E E-M E-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS) DULUTH, MN (PBS CREATE HD) DULUTH, MN (PBS EXPLORE HD)
d Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT WDSE-DT3 WDSE-DT2	19.3 33 18 18 18.2 10 10 10.2 8 8 8.3 8.2	I-M I I I-M N I-M E E E-M E-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS) DULUTH, MN (PBS CREATE HD) DULUTH, MN (PBS EXPLORE HD)
ld Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT WDSE-DT3 WDSE-DT2	19.3 33 18 18 18.2 10 10 10.2 8 8 8.3 8.2	I-M I I I-M N I-M E E E-M E-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS) DULUTH, MN (PBS CREATE HD) DULUTH, MN (PBS EXPLORE HD)
ld Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT WDSE-DT3 WDSE-DT2	19.3 33 18 18 18.2 10 10 10.2 8 8 8.3 8.2	I-M I I I-M N I-M E E E-M E-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS) DULUTH, MN (PBS CREATE HD) DULUTH, MN (PBS EXPLORE HD)
ld Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT WDSE-DT3 WDSE-DT2	19.3 33 18 18 18.2 10 10 10.2 8 8 8.3 8.2	I-M I I I-M N I-M E E E-M E-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS) DULUTH, MN (PBS CREATE HD) DULUTH, MN (PBS EXPLORE HD)
ld Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT WDSE-DT3 WDSE-DT2	19.3 33 18 18 18.2 10 10 10.2 8 8 8.3 8.2	I-M I I I-M N I-M E E E-M E-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS) DULUTH, MN (PBS CREATE HD) DULUTH, MN (PBS EXPLORE HD)
ld Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT WDSE-DT3 WDSE-DT2	19.3 33 18 18 18.2 10 10 10.2 8 8 8.3 8.2	I-M I I I-M N I-M E E E-M E-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS) DULUTH, MN (PBS CREATE HD) DULUTH, MN (PBS EXPLORE HD)
łd Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT WDSE-DT3 WDSE-DT2	19.3 33 18 18 18.2 10 10 10.2 8 8 8.3 8.2	I-M I I I-M N I-M E E E-M E-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS) DULUTH, MN (PBS CREATE HD) DULUTH, MN (PBS EXPLORE HD)
ld Rows as Necessary	KBJR-DT3 KDLH-DT KQDS-DT KQDS-DT2 WDIO-DT WDIO-DT2 WDSE-DT WDSE-DT3 WDSE-DT2	19.3 33 18 18 18.2 10 10 10.2 8 8 8.3 8.2	I-M I I I-M N I-M E E E-M E-M	SUPERIOR, WI (CBS) SUPERIOR, WI (MNT/HEROES) DULUTH, MN (CW) DULUTH, MN (FOX) DULUTH, MN (FOX) DULUTH, MN (ANTENNA) DULUTH, MN (ABC) DULUTH, MN (ME TV) DULUTH, MN (PBS) DULUTH, MN (PBS CREATE HD) DULUTH, MN (PBS EXPLORE HD)

Midcontiner	F OWNER OF (							SYSTEM 39
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf isignal, 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 l sign of o the static ion's sign g a checl n's locati	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 his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system 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
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,2				0,2		
						··	·	

Accounting Perio	od: 2021/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Midcontinent Commu	nications						3998
	SUBSTITUTE CARRIAG	-	-					
•	In General: In space I, ident substitute basis during the a			1 0 /	,	, ,	,	
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				and general in			
Special	During the accounting per					notwork tol	ovicion prod	rom
Statement and	0		ul cable system	in carry, on a substitute ba	asis, any nom			
Program Log	broadcast by a distant sta	ition?				L	YES	X 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	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for	example, "l	Love Lucy"	or
	"NBA Basketball: 76ers vs.	Bulls."					-	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		concod by	the ECC or	in
	the case of Mexican or Car						The FCC 01,	
				stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0"	1:15 p.m. to t	5:28:30 p.m	1. snouid be	
		ter "R" if the	listed prograr	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	der FCC rules	s and regul	ations in	
	effect on October 19, 1976							
						N SUBST		
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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Accounting Period:	2021/1			FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	Midcontinent Communications				3998
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatio 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	ystem's se on of how t	condary transm o compute this a	ission service amount, see	<b>1,594.74</b> oss receipts)
-		-			
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 l</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$137,100 l</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$137,00 l</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$137,100 l</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$137,00 l</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$10,00 l</li> </ul>	but less than nformation	an \$527,600 I.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon <sup>-</sup>	
	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 lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	161,594.74		
	3. Subtract line 2 from line 1	\$	102,205.26		
	4. Enter the amount of gross receipts from space K		. \$ 1	161,594.74	
	5. Enter the amount from line 3		. <b>\$</b> 1	102,205.26	
	6. Subtract line 5 from line 4	• •	\$	59,389.48	
	7. Multiply line 6 by .005 (enter figure here)			\$	296.95
	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		\$	296.95
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (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.			1,319.00	
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	296.95	
Total Remittance 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			\$	316.95
	Important: Your remittance must be in the form of an electronic payı See page i of the general instructions in the paper SA1	ment paya	ble to the Regis	ter of Copyrig	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 3998
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         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	12 324
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	Name Wynne Haakenstad Telephone	952-844-2622
	Address       3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number)         Edina, MN 55435 (City, town, state, zip)         Email       wynne.haakenstad@midco.com    Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> <li>(If U.S.C., Section 1001(1986)]</li> <li>(If a undership) (S.C., Section 1001(1986))</li> </ul>	system as identified vner of the cable system
	Typed or printed name: Wynne Haakenstad Title: Director of Programming	
	(Title of official position held in corporation or parthership) Date: 8/2/21	

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.

punting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Icontinent Communications	399
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
TES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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
	Q Interest Assessmen
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