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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2021/1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         20211       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.	62808
		T	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		SOUTHERN CABLEVISION, INC. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		BUSINESS NAME(S) OF OWNER OF CABLE STSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		150 2ND ST SW (Number, street, rural route, apartment, or suite number)	
		PERHAM, MN 56573	
	<u> </u>	(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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM: DBA ARVIG	
	<u> </u>	MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
Privacy Act Notice	: Section	a 111 of title 17 of the United States Code authorizes the Convright Offce to collect the personally identifying information (PII) requested on this	

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/26/21

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SOUTHERN CABLEVISION, INC.	62808
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated communitorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	unities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	GRAND MEADOW CITY	MN
Community	WYKOFF	MN
	RACINE UNINC. MOWER COUNTY	MN
dd Rows as Necessary	UNINC. FILLMORE COUNTY	MN
		MN
	GRAND MEADOW TWP.	MN

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						SYS	-2E. PAGE
Name	SOUTHERN CABLEVISI							010	6280
	SECONDARY TRANSMISSION		BSCRIP						
E	In General: The information in s					transmission	service of	the cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including p	, , ,	,		,		those exis	ting on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate c							rae and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	ounts allowed	for adva	nce payment.					
	Block 1: In the left-hand block	•		Ũ		-			
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to	additiona	al sets would be inc	luded i	n the count ur	nder "Servi	ce to the	
	first set" and would be counted o					amilaa that an	- different	fuence the end	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.					-			
	BLC	CK 1 NO. OF					BLOC	< 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		101	67.95					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES					
E	In General: Space F calls for rat		,	-					
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•		•			0 (	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		<b>.</b>		<b>f</b> 41				
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	• •			•	•		t were not	
itatoo	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	tion and includ	le the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERVICE		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resident	tial				
	• Pay cable	18.95	• Mot	el, hotel			PAY C		13.9
	<ul> <li>Pay cable—add'l channel</li> </ul>	14.95	-	nmercial			PAY C		28.9
	Fire protection			cable			PAY C	ABLE	27.9
	•Burglar protection			cable-add'l channe	el				
	Installation: Residential			protection					
	• First set	55.00		glar protection					
	Additional set(s)     FM radio (if concrete rate)			ervices:		<b>FF 00</b>			
	FM radio (if separate rate)			connect		55.00			
	Converter			connect let relocation		40.00			
	i i i i i i i i i i i i i i i i i i i		• Out	IEL LEIOCATION	1	40.00			
				ve to new address	··	55.00			

ounting Period: 2	2021/1			FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF			SYSTEM
	SOUTHERN CABLEV	,		628
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination put d with a station according to its over-the	(1) stations carried only on a part-tim e carriage of certain network program 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a subset e Special Statement and Program Loc both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESPN -air designation. For example, report vision station for broadcasting over the station, an independent station, or a re for network multicast), "I" (for independent r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station is	e basis under ns [sections ons carried on a titute program bg)—if the on some other ns. I, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КІМТ	3	N	MASON CITY, IA
	KAAL	6	N	AUSTIN, MN
d Rows as Necessary	KXLT	47	N	ROCHESTER, MN
	кттс	10	N	ROCHESTER, MN
	KSMQ	15	E	AUSTIN, MN
	KYIN	24	E	MASON CITY, IA
	KAAL-DT2	6.2	I-M	AUSTIN, MN
	KTTC-DT2	10.2	I-M	ROCHESTER, MN
	KXLT-2	47.2	I-M	ROCHESTER, MN
	KXLT-3	47.3	I-M	ROCHESTER, MN
	KXLT-4	47.4	I-M	ROCHESTER, MN
	KXLT-4 KXLT-5	47.4 47.5	I-M I-M	ROCHESTER, MN ROCHESTER, MN
				····
	KXLT-5	47.5	I-M	ROCHESTER, MN
	KXLT-5	47.5	I-M	ROCHESTER, MN
	KXLT-5	47.5	I-M	ROCHESTER, MN
	KXLT-5	47.5	I-M	ROCHESTER, MN
	KXLT-5	47.5	I-M	ROCHESTER, MN
	KXLT-5	47.5	I-M	ROCHESTER, MN
	KXLT-5	47.5	I-M	ROCHESTER, MN
	KXLT-5	47.5	I-M	ROCHESTER, MN
	KXLT-5	47.5	I-M	ROCHESTER, MN

EGAL NAME OF								SYSTEM II 628
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					Н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio on's sign g a check i's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. n is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's heary system's FM anten his point, see page ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FCC	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd 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				5,0		
				·		·		

Accounting Perio								FORM SA1-2E. PAGE 5		
Name								SYSTEM ID		
	SOUTHERN CABLEVIS	SION, INC.						62808		
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or a	uthorizatio	ns. For a further		
Carriage:	1. SPECIAL STATEMENT									
Special Statement and	During the accounting period	iod, did you	r cable system	carry, on a substitute bas	is, any nonnet	twork telev	ision prog	jram		
Program Log	broadcast by a distant stat	tion?					YES			
	Note: If your answer is "No'	", leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ist comple	te the pro	gram		
	<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes	ce, please a of every nor distant stati gulations, ou ies like "mov Bulls." n was broad sign of the s adcast statio adian statio th and day ve "5/7." es when the	add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the when your syst substitute pro	rows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific progra r "Yes." Otherwise enter " sting the substitute progra te community to which the community with which the tem carried the substitute	program") tha d for the prog eral instruction n titles, for ex- No." am. station is lice station is lice program. Use cable system.	t, during th ramming c ns for furth ample, "I L nsed by th tified). numerals. List the tin	ne accoun of another er informa ove Lucy" e FCC or, with the n mes accur	ting station ation. ' or , in month rately		
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	er "R" if the l and regulation nming that ye	listed program	ring the accounting period	I; enter the let	ter "P" if th	e listed pr			
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the l and regulatic nming that y	listed program	ring the accounting period s permitted to delete unde	l; enter the letter FCC rules a	ter "P" if th	e listed pr ions in ITUTE	rogram		
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Accounting Period:	2021/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SOUTHERN CABLEVISION, INC.	S	YSTEM ID# 62808
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter 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	2,233.75 ross 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 \$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 thi accounting period is \$52.00	s six-month	
	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: ABLEVISION, INC.				SYSTEM ID# 62808
M Channels	to its subscribe 1. Enter the tota	rs, and (2) the cable system's al number of channels on whic	total num h the cab	is on which the cable system carried televi per of activated channels during the accou le	inting period.	13
	on which the	al number of activated channe cable system carried televisio dcast services	n broadc	ast stations		141
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (Identify an individ	lual to whom	
for Further Information	Name Address	JOEL SMITH			Telephone	218.346.8270
	Address	(Number, street, rural route, apartr PERHAM, MN 56573 (City, town, state, zip)		e number)		
	Email	joel.smith@arvi	g.com	F	ax (optional	
O Certification	I, the undersigned	ed, hereby certify that (Check or	ne, <i>but on</i>			
	(Agen	t of owner other than corpora in line 1 of space B and that th er or partner) I am an officer (i	i <b>tion or p</b> a e owner is	b) I am the owner of the cable system as ide artnership) I am the duly authorized agent of not a corporation or partnership; or ation) or a partner (if a partnership) of the leg	f the owner of the cable sy	ystem as identified
	are true, comple		-	clare under penalty of law that all statements ge, information, and belief, and are made in g		
				/s/ David Arvig electronic signature on the line above to certify nature using an "/s/ signature" (e.g., /s/ John S		
		Typed or printed	I name:	David R. Arvig		
		Title: (Tit		resident/COO position held in corporation or partnership)		
		Date:		Α	August 26, 2021	

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

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
UTHERN CABLEVISION, INC.	62808
<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:         <ul> <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> </ul> </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>X NO</li> <li>Y ES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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
	Interest Arrenews and
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x	_ Interest Assessment
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       -         x	
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	_ Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<pre>Interest Assessment</pre>
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