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))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20212 Barcode Data Filing Period (optional - see instructions)
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
		STEELE CABLEVISION INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 64
		(Number, street, rural route, apartment, or suite number)
		STEELE ND 58482-0064 (City, town, state, zip)
С		<b>CUCTIONS:</b> 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/08/22

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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: STEELE CABLEVISION INC	SYSTEM ID# 23071
D	Instructions: List each separate community served by the cable system. A "communi separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ty" is the same as a "community unit" as defined in FCC rules: "a nunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
Served	city.	
_		STATE
First Community	STEELE WILTON	ND
Community	LINTON	ND ND
d Rows as Necessary	WISHEK	ND
in nows as necessary	WING	ND

								FORM SA1	-2E. PAGE
Name								515	2307
	STEELE CABLEVISION	INC							2007
E Secondary	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p	pace E should on of television	cover al and rad	l categories of io broadcasts	secondar by your s	ystem to subscr	ibers. Give	information	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	(June 30 or De	ecember	31, as the ca	se may be	e).		-	
scribers and Rates	down by categories of secondary each category by counting the m separately for the particular serv <b>Rate:</b> Give the standard rate c	umber of billing ice at the rate i	s in that ndicated	category (the I—not the num	number c ber of se	of persons or or ts receiving ser	ganizations /ice).	charged	
	unit in which it is generally billed. category, but do not include disc <b>Block 1:</b> In the left-hand block systems most commonly provide	. (Example: "\$2 ounts allowed f in space E, the	0/mth"). for advai e form lis	Summarize an nce payment. sts the categor	ny standa ies of sec	rd rate variation condary transmi	s within a <sub>l</sub> ssion servi	ce that cable	
	that applies to your system. <b>Not</b> categories, that person or entity	e: Where an inc	dividual	or organizatior	is receiv	ing service that	falls under	different	
	subscriber who pays extra for ca first set" and would be counted o <b>Block 2:</b> If your cable system I printed in block 1 (for example, t	ble service to a once again unde has rate catego iers of services	additiona er "Servi pries for that inc	I sets would be ce to additiona secondary trar lude one or me	e included Il set(s)." Ismission pre secon	d in the count un service that are dary transmissi	nder "Servi e different f ons), list th	ce to the from those lem, together	
	with the number of subscribers a sufficient.		e right-ha	and block. A tw	o- or thre	e-word descript			
	BLC	DCK 1 NO. OF	<u> </u>				BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> <li>Service to additional set(s)</li> </ul>		14 21	22.00 37.00					
	• FM radio (if separate rate)			57.00					
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	te (not subscrib hose services t re two exception or facilities furm hit in which it is rate column. te charged by th your cable sys separate charg	er) infor that are ns: you o nished to usually t he cable stem furr e was m	mation with rea not offered in o do not need to nonsubscribe billed. If any ra system for ea nished or offere ade or establis	spect to a combinati give rate rs. Rate in tes are ch ch of the ed during	on with any sec information cor nformation shout narged on a var applicable servit the accounting	ondary trar cerning (1) Id include able per-p ces listed. period that	nsmission ) services both the rogram basis, : were not	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			DRY OF SER\ tion: Non-resi		RATE	CATEG	ORY OF SERVICE	RATI
	Pay cable			el, hotel	uentiai				
	• Pay cable—add'l channel			mercial					
	Fire protection		• Pay						
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set		-	lar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect					
	Converter			onnect					
				et relocation e to new addre	200				
	i i i i i i i i i i i i i i i i i i i		10100						

ounting Period: 2	2021/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O			SYSTEM ID
	STEELE CABLEVISIO			2307
G Primary ransmitters: Television	carried by your cable system 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 ru	entify every television station (including to m during the accounting period, <i>except</i> ( in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations:	(1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta rried by your cable system on a sub	me basis under ams [sections tions carried on a ostitute program
	station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "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 enter	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (f	both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep	o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M"
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list i dian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station e community with which the station	is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBME-TV	22	E	PBS - BISMARCK, ND
	KFYR-TV	31.1	N	NBC - BISMARCK, ND
Rows as Necessary	KFYR-TV	31.2	N-M	FOX - BISMARCK, ND
	КХМВ	12	N	CBS - BISMARCK, ND
	KBMY	17	N	ABC - BISMARCK , ND
	KNDB	26.1	<u> </u>	KNDB - Bismarck ND
	KNDB	26.2	N	BEK Sports Plus West - BISMARCK, ND
	KVLY-TV	44.1	N	NBC - FARGO, ND
	KVLY-TV	44.2	N-M	CBS - FARGO, ND
	KVRR	19	N	FOX - FARGO, ND
	WDAY-TV	21	N	ABC - FARGO, ND
	KFME	13	E	PBS - FARGO, ND
	KRDK-TV	38.1	I	KRDK - FARGO, ND
	KRDK-TV	38.2	I-M	BEK Sports Plus East - FARGO, ND

EGAL NAME OF								SYSTEM I 230
		<b>D</b> 4 D 10						
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for <b>Column 1:</b> Id	it is carried by nonitoring, to rmation abou m. entify the call	y the sys be recei t the Co sign of e	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM.	t the system's hea system's FM ante	adend, and (2) nna, during ce	) it can b ertain sta	be expected, ated intervals.	Primary Transmitters Radio
ignal, indicate <b>Column 4:</b> G	this by placing ive the statior	g a checl n's locati	nal was electronically process wark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF O		EM:					SYSTEM ID# 23071		
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 a cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or au	thorizations.	For a further		
Carriage: Special Statement and Program Log	<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>Note: 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.</li> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.</li> <li>Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 5: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."</li> <li>Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."</li> <li>Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program</li> </ul>									
	was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.           WHEN SUBSTITUTE           SUBSTITUTE PROGRAM									
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO	DELETION		
							_			
							_			
							<u> </u>			
							_			

Accounting Period:	2021/2	FORM S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: STEELE CABLEVISION INC	ŝ	3YSTEM ID# 23071
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 \$	<b>6,090.00</b> 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 the 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		
	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:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: EVISION INC				SYSTEM ID# 23071
M Channels	to its subscribe	rs, and (2) the cable system's to	otal numb	s on which the cable system carried telever of activated channels during the acco		
		al number of channels on which ed television broadcast stations		e		14
	-,					
		al number of activated channels cable system carried television		at atotiona	1	
		dcast services				56
N				RMATION IS NEEDED (Identify an indiv	idual to whom	
Individual to	we can contact	about this statement of account	)			
Be Contacted						704 475 4000
for Further Information	Name	CARMEN BIESTERFE	LD		I elephone	701-475-1260
	Address	PO BOX 230				
		(Number, street, rural route, apartme	ent, or suit	e number)		
		STEELE ND 58482 (City, town, state, zip)				
	Email	carmenb@bektel	.coop		Fax (optional 701-475-210	0
		(This statement of account mus	t he cert	ified and signed in accordance with Copy	wright Office regulations)	
ο						
Certification	• I, the undersigned	ed, hereby certify that (Check one	e, but only	<i>one</i> , of the boxes.)		
	(Owne	er other than corporation or par	rtnership	) I am the owner of the cable system as id	dentified in line 1 of space B	: or
				, ,	·	
	X (Agen	-	-	rtnership) I am the duly authorized agent not a corporation or partnership; or	of the owner of the cable sy	rstem as identified
	(Offic			tion) or a partner (if a partnership) of the le	egal entity identified as own	er of the cable system
		in line 1 of space B.				
		ete, and correct to the best of my l		lare under penalty of law that all statement le, information, and belief, and are made ir		
			Х	/s/ Derrick Bulawa		
				lectronic signature on the line above to cert ature using an "/s/ signature" (e.g., /s/ John	•	
		Typed or printed n	name:	Derrick Bulalwa		
			CEO			
		(Title	ot official	position held in corporation or partnership)		
		Date:			Februay 8, 2022	

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unting Period: 2021/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	2307
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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