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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			<u>coplicsoa@loc.gov</u>
			\$	For additional information, contact the U.S. Copyright
	ictions are located	2/17/2022		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook	2/11/2022	ALLOCATION NUMBER	_
Α		NY THE STATEMENT. (YY		
~	ACCOUNTING PERIOD COVERED	BT INIS STATEMENT: (TT	f f/(Period))	
l I		1		
l I	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
l I				
l		Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of th the subsidiary, not that of the parent corp		liary of another corporation, give the full corp	orate title of
Owner	List any other name or names under which	n the owner conducts the business of th	e cable system.	
	If there were different owners during the statement of account and royalty fee payr		ne last day of the accounting period should su iod.	bmit a single
l I	Check here if this is the system's first filing	If not enter the system's ID number a	ssigned by the Licensing Division	36879
l I				
l	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
l I	SJOBERGS CABLEVISION INC			
l I	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
l				
l I	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
l	315 MAIN AVE N			
l	(Number, street, rural route, apartment, or suite r THIEF RIVER FALLS, MN 5			
l I	(City, town, state, zip)	0701-1303		
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
			e system, il dillerent nom the address	given in space B.
System	IDENTIFICATION OF CARLE SVOTCA			
System	1			
System	1 IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM	:		
System	1 MAILING ADDRESS OF CABLE SYSTEM			
System	1			
System	1 MAILING ADDRESS OF CABLE SYSTEM			

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:	SYSTEM ID
Nume	SJOBERGS CABLEVISION INC	36875
D	Instructions: List each separate community served by the cable system. A "conseparate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or the second seco	ed communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "firs
Area Served	city.	mobile nome parks should be reported in parentneses below the identifie
		07.77
First	CITY OR TOWN NEWFOLDEN	STATE MN
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					FORM SA1	TEM ID
Name	SJOBERGS CABLEVISI							3687
	SECONDARY TRANSMISSION	SERVICE	SCRIBERS AN					
E	In General: The information in s				ary transmission	service of	the cable	
	system, that is, the retransmissi							
Secondary Transmission	about other services (including plast day of the accounting period					e those exis	ting on the	
Service: Sub-	Number of Subscribers: Both					able systen	n, broken	
scribers and	down by categories of secondary	y transmission s	ervice. In gener	al, you can co	mpute the numb	per of subso	cribers in	
Rates	each category by counting the n	•	•		•	•	s charged	
	separately for the particular server Rate: Give the standard rate of						rae and the	
	unit in which it is generally billed	-					-	
	category, but do not include disc	counts allowed for	or advance payr	nent.				
	Block 1: In the left-hand block	•		•				
	systems most commonly provide that applies to your system. Not							
	categories, that person or entity		-		-			
	subscriber who pays extra for ca			•				
	first set" and would be counted o						c	
	Block 2: If your cable system printed in block 1 (for example, t	-		•				
	with the number of subscribers a							
	sufficient.	,	3		•			
	BLO	OCK 1 NO. OF	-			BLOCI	K2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	CA	TEGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:							
	 Service to first set 		53 90	.06 MOTE	L EXTRA SE	Т	18	1.50/
	 Service to additional set(s) 	N/A						
	• FM radio (if separate rate)	N/A						
	Motel, hotel	N/A						
	Commercial	N/A						
	Converter	N/A						
	Residential	N/A						
	Non-residential	N/A						
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISSIONS: R	ATES				
F	In General: Space F calls for ra	•	,					
F	not covered in space E, that is, t				•			
Services	service for a single fee. There al furnished at cost or (2) services	•		•		0 (,	
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the							
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	• •			••			
Rates	listed in block 1 and for which a	• •						
	brief (two- or three-word) descrip	tion and include	the rate for eac	ch.				
		BLOC	K 1				BLOCK 2	
	CATEGORY OF SERVICE		CATEGORY OF	SERVICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	l.	nstallation: No	n-residential		11		
	• Pay cable		• Motel, hotel					
	Pay cable—add'l channel		Commercial					
	Fire protection		 Pay cable 					
	•Burglar protection		• Pay cable-ad	ld'I channel				
	- · ·		 Fire protection 	n				
	Installation: Residential					1 1		
	Installation: Residential • First set		• Burglar prote	ection				
			•					
	First set	a	• Burglar prote					
	• First set • Additional set(s)	c	• Burglar prote Other services:					······
	 First set Additional set(s) FM radio (if separate rate) 	c	• Burglar prote Other services: • Reconnect					

unting Period: 2	2021/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM II
	SJOBERGS CABLEV	SION INC		3687
G	carried by your cable syster	ntify every television station (including t n during the accounting period, <i>except</i>	(1) stations carried only on a part-ti	me basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations	n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations:	1(e)(2) and (4))]; and (2) certain sta	tions carried on a
	 Do not list the station here station was carried only on List the station here, and a 	e in space G—but do list it in space I (th	both on a substitute basis and also	o on some other
	Column 1: List each station multicast stream associated "WETA-2" as the same on t	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form.	rogram services such as HBO, ESF -air designation. For example, repo	PN, etc. Identify each ort 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	el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. a case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	i noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGFE	2	E	GRAND FORKS, ND
	KXJB	4	<u>N</u>	VALLEY CITY, ND
as Necessary	KCPM	5	I	
	WDAZ	8	<u>N</u>	DEVILS LAKE, ND
	KVLY	11		FARGO, ND
	KBRR	10	- -	THIEF RIVER FALLS, MN
	CBWT	12	•	WINNIPEG, MANITOBA

EGAL NAME OF								SYSTEM II 368
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					Н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the station	y the sys be recein the Co sign of e he static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tern whenever it is received at ved at the headend, with the s opyright Office regulations on the each station carried. In is AM or FM. nal was electronically processor k mark in the "S/D" column. on (the community to which the	the system's hea system's FM ante his point, see pag 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
		-		1		S/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		t	+					

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O		EM:					SYSTEM ID# 36879
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or aut	thorizations.	For a further
Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting peribroadcast by a distant stat Note: If your answer is "No" log in block 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, repont use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call so Column 4: Give the mont first. Example: for May 7 give 	CONCER iod, did you ion? ', leave the PROGRA itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broac sign of the s idcast static adian statio th and day re "5/7."	NING SUBST r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that yo r authorizations vies" or "baske dcast live, enter station broadca n's location (th ns, if any, the o when your syst	ITUTE CARRIAGE carry, on a substitute bas ge blank. If your answer is te line. Use abbreviations rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "I isting the substitute progra te community to which the community with which the tem carried the substitute	"Yes," you mu "Yes," you mu wherever pos program") tha d for the prog eral instructio n titles, for ex No." station is lice station is lice program. Use	twork televis ust complete ssible, if their at, during the gramming of ns for furthe ample, "I Lo ensed by the ntified). a numerals,	sion program YES e the progra ir meaning is e accounting i another sta er informatio ove Lucy" or e FCC or, in with the mod	n X NO m s g tion n.
first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried to the nearest five minutes. Example: a program carried by a system stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted to delete under FCC rules and regulations in effect during the account was substituted for programming that your system was permitted to d effect on October 19, 1976. <u>SUBSTITUTE PROGRAM</u>					15 p.m. to 6:2 amming that y ; enter the let or FCC rules a WHE	28:30 p.m. s rour system tter "P" if the and regulation EN SUBSTI IAGE OCC	hould be was <i>require</i> listed progr ons in TUTE	ed
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>то</u>	
							— — —	
					·			
					· · · · · · · · · · · · · · · · · · ·		_ _ _	
							_	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	S	YSTEM ID# 36879
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	5,310.58 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 \$: • 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 th accounting period is \$52.00	nis 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,	100)	
	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	7,600)	
	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		its!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN	NER OF CABLE SYSTEM: LEVISION INC				SYSTEM ID# 36879
M Channels	to its subscribers, a 1. Enter the total n	and (2) the cable system's tumber of channels on whic	total numl h the cab	ls on which the cable system carried tele per of activated channels during the acc le	ounting period.	7
	on which the cal	umber of activated channel ble system carried televisio ast services	n broadca			180
N Individual to Be Contacted		E CONTACTED IF FURTH out this statement of accou		RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name <mark>R</mark>	Richard J Sjoberg			Telephone	218-681-3044
	(N T	15 Main Ave N Jumber, street, rural route, apartn Thief River Falls, MN Dity, town, state, zip)		e number)		
	Email	rsjoberg@mnca	ble.net		Fax (optional 218-681-680)1
_	CERTIFICATION (Th	is statement of account mu	ust be cer	ified and signed in accordance with Cop	oyright Office regulations)	
O Certification		hereby certify that (Check or		<i>y one</i> , of the boxes.) o) I am the owner of the cable system as i	dentified in line 1 of space E	3: or
	(Agent of	owner other than corpora	tion or pa	artnership) I am the duly authorized agent not a corporation or partnership; or		
	X (Officer o			ation) or a partner (if a partnership) of the l	legal entity identified as owr	ner of the cable system
		and correct to the best of my		clare under penalty of law that all statemen ge, information, and belief, and are made i		
			X	/s/ Richard J Sjoberg		
				electronic signature on the line above to cer aature using an "/s/ signature" (e.g., /s/ Joh	•	
		Typed or printed	name:	Richard J Sjoberg		
		Title: (Tit	Presid	ent position held in corporation or partnership)		
		Date:			02/16/2022	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DBERGS CABLEVISION INC	36879
 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
x	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	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	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	Interest Assessment

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