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							
3/4/22	\$							
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20212 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
	MAINSTREET COMMUNICATIONS LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	150 2ND ST SW
	(Number, street, rural route, apartment, or suite number) PERHAM, MN 56573
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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)

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

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MAINSTREET COMMUNICATIONS LLC	618
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the
Floor	CITY OR TOWN	STATE
First Community	SAUK CENTRE	MN
Community	KANDOTA TWP SAUK CENTRE TWP	MN
		MN
Rows as Necessary	BIRCHDALE TWP	MN
	LITTLE SAUK TWP	MN

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61831

MAINSTREET COMMUNICATIONS LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	704	38.95					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	51	38.95					
Converter							
Residential							
Non-residential							
				·	i		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	19.95	Motel, hotel		PAY CABLE	14.95
 Pay cable—add'l channel 		Commercial		PAY CABLE	13.95
Fire protection		• Pay cable		PAY CABLE	7.95
•Burglar protection		Pay cable-add'l channel		PAY CABLE	28.95
Installation: Residential		Fire protection			
First set	55.00	Burglar protection			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect	55.00		
Converter		Disconnect			
		Outlet relocation	40.00		
		Move to new address	55.00		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61831

MAINSTREET COMMUNICATIONS LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
wcco	4	N	MINNEAPOLIS, MN
KMSP	9	N	MINNEAPOLIS, MN
WFTC	29	<u> </u>	MINNEAPOLIS, MN
KARE	11	N	MINNEAPOLIS, MN
KTCA	2	E	MINNEAPOLIS, MN
KSTP	5	N	MINNEAPOLIS, MN
wucw	23	<u>l</u>	MINNEAPOLIS, MN
KSTC	45	<u> </u>	MINNEAPOLIS, MN
KPXM	41	<u> </u>	ST. CLOUD, MN
KARE-2	11.2	I-M	MINNEAPOLIS, MN
WCCO-2	4.2	I-M	MINNEAPOLIS, MN
WUCW-4	23.4	I-M	MINNEAPOLIS, MN
KSTC-4	5.4	I-M	MINNEAPOLIS, MN
KSTC-6	5.6	I-M	MINNEAPOLIS, MN
KSTP-7	5.7	I-M	MINNEAPOLIS, MN
KSTC-3	5.3	I-M	MINNEAPOLIS, MN
KARE-3	11.3	I-M	MINNEAPOLIS, MN
KARE-4	11.4	I-M	MINNEAPOLIS, MN
KARE-5	11.5	I-M	MINNEAPOLIS, MN
KPXM-2	41.2	I-M	ST. CLOUD, MN
KPXM-3	41.3	I-M	ST. CLOUD, MN
KPXM-4	41.4	I-M	ST. CLOUD, MN
KPXM-5	41.5	I-M	ST. CLOUD, MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

61831

MAINSTREET COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	ΛM 05 ΓM	C/D	LOCATION OF STATION	CALLSION	ΛΜ or ΓΝ4	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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		ļ					
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		1					
		 					
		 					
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Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	CARLE SVS	STEM:					FOR	M SA1-2E. PAGE 5 SYSTEM ID#
Name	MAINSTREET COMMU								61831
Substitute	SUBSTITUTE CARRIAG In General: In space I, identification is substitute basis during the a explanation of the programm	tify every no	nnetwork televi eriod, under sp	ision program, broecific present an	oadcast by d former F	a <i>distant</i> sta CC rules, reg	ulations, o	r authorizatio	ns. For a further
Carriage: Special Statement and Program Log	SPECIAL STATEMEN During the accounting pe broadcast by a distant state Note: If your answer is "Note"	riod, did you ition?	ur cable syster	m carry, on a sul	bstitute ba	·		YES	X NO
	log in block 2.								
	2. LOG OF SUBSTITUTI In General: List each subsiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad Column 5: Give the mofirst. Example: for May 7 gictor Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	actitute prograce, please of every not distant state gulations, or ries like "mo Bulls." m was broat sign of the adcast statinadian statinadian state "5/7." les when the Example: ter "R" if the and regulating the state of the	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask dcast live, ent- station broadd on's location (ons, if any, the when your syour e substitute pro a program car e listed program ions in effect of	I rows to the tab vision program (our cable systems. See page (vietball." List spector "Yes." Otherwasting the substitute community with stem carried the ogram was carried by a system was substitute luring the account	les. "substitute n substitut) of the ger cific progra vise enter " titute progra o which the n which the e substitute ded by your from 6:01 ded for progra nting perio	e program") the d for the proper instruction titles, for each of the exterior is like a station is like program. Using the cable system in the formal in the formal in the exterior is like a program. Using the cable system in the formal in the formal in the like a program in the like a	hat, during ogrammin ions for fuexample, " censed by entified). se numera m. List the censes of perfect the censes of the censes	g the account g of another inther informatil Love Lucy" the FCC or, als, with the re- e times accur m. should be tem was required.	ting station stion. or in month ately
	effect on October 19, 1976. SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7			7. REASON FOR
	TITLE OF PROGRAM	1	3. STATION'S CALL SIGN	4. STATION'S L	OCATION	5. MONTH AND DAY		TIMES TO	DELETION
									"
									"
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ccounting Period:	2021/2			FORM S	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MAINSTREET COMMUNICATIONS LLC				SYSTEM II 6183
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ystem's sec n of how to	condary transm compute this a	ission service amount, see	
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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	',100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	•			
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	ies 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K	\$	245,554.78		
	3. Subtract line 2 from line 1	\$	18,245.22	,	
	4. Enter the amount of gross receipts from space K		\$ 2	245,554.78	
	5. Enter the amount from line 3		\$	18,245.22	
	6. Subtract line 5 from line 4		\$ 2	227,309.56	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,136.55
	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		\$	1,136.55
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263.	,800 (but l	ess than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	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 DUI	E			
Filian Farand					
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,136.55	
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			\$	1,156.55
					ghts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:				SYSTEM ID# 61831
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the calc	u must give (1) the number of and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television but st services.	tal number of activated char the cable	nnels during the ac	counting period.	23
N Individual to Be Contacted	we can contact ab	BE CONTACTED IF FURTHE		DED (Identify an inc		240 242 2272
for Further Information	Address	JOEL SMITH 150 2ND ST SW (Number, street, rural route, apartm	oot or suits sumbers		Telephone	218.346.8270
		PERHAM, MN 56573 (City, town, state, zip)	ent, or suite number)			
	Email	joel.smith@arvic	j.com		Fax (optional)	
	CERTIFICATION (This statement of account mu	st be certified and signed in	accordance with C	copyright Office regulations)	
O Certification		d, hereby certify that (Check or other than corporation or pa			ıs identified in line 1 of spacı	e B; or
		of owner other than corpora ne 1 of space B and that the ov			ent of the owner of the cable	e system as identified
		r or partner) I am an officer (it ne 1 of space B.	a corporation) or a partner (i	f a partnership) of th	he legal entity identified as o	wner of the cable system
		the statement of account and h , and correct to the best of my n 1001(1986)]				in
			X /S/ David R. A Enter an electronic signature of Enter signature using an "/s/ s	on the line above to		-
		Typed or printed	name: DAVID R. AR	VIG		
			VICE PRESIDENT/Co			
		Date:			February 28, 2022	

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.

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

AINSTREET COMMUNICATIONS LLC	61831
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? X 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 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Ellic 1 Ellici di camount of late payment of underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	
	`

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