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					
02/15/2022	\$ 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

	T								
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	20212 Barcode Data Filing Period (optional - see instructions)								
Accounting									
Period									
	Instructions:								
Б	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,								
В	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								
	ATV Holdings, LLC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	Mitchell Telecom								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	1691 N Main St								
	(Number, street, rural route, apartment, or suite number)								
	Mitchell SD 57301 (Crty, town, state, 2/p)								
С	INSTRUCTIONS:In line 1, give any business or trade names used to identify the business and operation of the system unless these names aneady appear ווו space ב. ווו ווופ ב, give the mailing address or the system, it different from the address given in space.								
System	IDENTIFICATION OF CABLE SYSTEM:								
	1								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 mm/noer; sneet; turanoure; apanment; or suite minioer)								

Privacy Act Notice: Section 111 of title 1/ 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

		OVOTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	ATV Holdings, LLC	636
_	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincorpdiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	
	as the "first community." Please use it as the first community on all future	
	Note: Entities and properties such as hotels, apartments, condominiums, of	
Area	identified city.	or mobile nome parks should be reported in parentheses below the
Served	identified dey.	
	CITY OR TOWN	STATE
First	Mitchell	SD
Community		
I Rows as Necessary		
nows as recessary		

Accounting Period: 2021/7

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ATV Holdings, LLC

63673

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 system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give into about other services (including pay cable) in space F, not here. All the facts you state must be those existing last day of the accounting period (June 30 or December 31, as the case ma

Number of Subscribers Both Diocks in space \vdash call for the number of subscribers to the cable system, r. down by categories of secondary transmission service. In general, you can compute the number of subscreach category by counting the number of billings in that category (the number of persons or organizations of separately for the particular service at the rate indicated—not the number of sets receiving se

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

BIOCK 1: In the left-hand block in space Ε, the form lists the categories of secondary transmission service that systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed contact applies to your system veries an individual or organization is receiving service that falls under differ categories, that person or entity should be counted as a subscriber in each applicable category. Example: a resubscriber who pays extra for cable service to additional sets would be included in the count under "Service to additional sets" and would be counted once again under "Service to additional sets".

BIOCK 2: IT your caple system has rate categories for secondary transmission service that are απείεται from printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, to with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the se sufficient

BLG	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first se 	1,882	72.95	Basic TV - Residential	181	62.95
Service to additional set(s	137	5.00	Basic TV - Business	87	62.95
 FM radio (if separate rate 			Bulk TV	9	#####
Motel, hotel			Addl Set - Business	19	5.00
Commercia	57	72.9ŧ	HD/DVR Set	607	14.00
Converter			Upgrade HD/DVR Set	1,787	9.00
Residential			HD/DVR Set - Res	226	10.00
 Non-residentia 					

F

Services Other Than Secondary Transmissions Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

BIOCK 1: Give the standard rate charged by the cable system for each of the applicable services BIOCK 2: List any services that your cable system furnished or offered during the accounting period that w listed in block 1 and for which a separate charge was made or established. List these other services in the fibrief (two- or three-word) description and include the rate for each.

	BLOCK 2					
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					
Continuing Services:		Installation: Non-residentia	a			
• Pay cable	16.95	 Motel, hote 	60.00	Pay per view	PP	
Pay cable—add'l chann	16.95	 Commercia 	60.00	Account Initiation	15.00	
 Fire protectior 		• Pay cabl∈	60.00			
Burglar protectior		• Pay cable-add'l chann				
Installation: Residentia		 Fire protectior 				
First set	60.00	 Burglar protectior 				
Additional set(s)		Other services				
• FM radio (if separate rate		 Reconnect 	35.00			
Converte		 Disconnect 				
		Outlet relocation 1	I00 per hou⊦			
		 Move to new addres 	50.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

63673

Primary Transmitters: Television

G

PRIMARY TRANSMITTERS: **TELEVISION**

ATV Holdings, LLC

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 HBU, 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
KELO - DT1	11.1	N	Sioux Falls, SD
KELO - DT2	11.2	N-M	Sioux Falls, SD
KELO - DT3	11.3	N-M	Sioux Falls, SD
KELO - DT4	11.4	N	Sioux Falls, SD
KELO - DT5	11.5	N-M	Sioux Falls, SD
KCSD - DT1	23.1	E	Sioux Falls, SD
KCSD - DT2	23.2	E-M	Sioux Falls, SD
KCSD - DT3	23.3	E-M	Sioux Falls, SD
KCSD - DT4	23.4	E	Sioux Falls, SD
KSFY - DT1	13.1	N	Sioux Falls, SD
KSFY - DT2	13.2	N-M	Sioux Falls, SD
KSFY - DT3	13.3	N	Sioux Falls, SD
KSFY - DT4	13.4	N-M	Sioux Falls, SD
KSFY - DT5	13.5	N-M	Sioux Falls, SD
KDLT - DT1	46.1	N	Sioux Falls, SD
KDLT - DT2	46.2	N	Sioux Falls, SD
KDLT - DT3	46.3	N	Sioux Falls, SD
KDLT - DT4	46.4	N	Sioux Falls, SD
KDLT - DT5	46.5	N-M	Sioux Falls, SD
KDLT - DT6	46.6	N-M	Sioux Falls, SD
KTTW - DT1	17.1	N-M	Sioux Falls, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63673

ATV Holdings, 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.

H

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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 				 	
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Accounting Perio	od: 2021/2							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Nume	ATV Holdings, LLC								63673
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa	tify every non accounting p ning that mu T CONCEF riod, did you tition? ", leave the	nnetwork televiperiod, under specified, under specified by the included RNING SUBS are cable system are rest of this parameter and the parameter are specified by the rest of the parameter and the parameter are specified by the parameter are specifi	ision program becific present in this log, so TITUTE CA m carry, on a age blank. If	n, broadcast by the tand former F see page (v) of the RRIAGE a substitute bath your answer is	y a distant sta CC rules, reg he general ins sis, any nonr s "Yes," you r	ulations, of structions network te	or authorization the paper selevision progression prog	ons. For a further SA1-2 form. gram X NO gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broothe case of Mexican or Cal Column 5: Give the molfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	egulations, or ries like "mo Bulls." m was broa sign of the adcast statinadian statinadian statinadian statineth and day ve "5/7." es when the Example: are "R" if the and regulatinming that	or authorization or authorization or "bask adcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pro a program car elisted programions in effect of	ns. See page tetball." List er "Yes." Ot casting the sethe community extern carried ogram was ried by a system cars substituting the additional external ext	e (v) of the ge specific programerwise enter ubstitute progrative which the with which the substitute carried by you stem from 6:01 tituted for programming period	neral instruct am titles, for en tit	censed by entified). se numer m. List the cizes:30 p. tyour systems and regular	y the FCC or als, with the e times accum. should be tem was req if the listed pulations in	ation. ' or , in month rately
	s	UBSTITUT	E PROGRAM	1			N SUBS [*] AGE OC	TITUTE CURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION	I'S LOCATION	AND DAY	FROM	— то	

Accounting Period:	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ATV Holdings, LLC 6367
K Gross Receipts	GROSS RECEIPTS Instructions: I ne ligure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space ±) during the accounting period. For a further explanation of now to compute this amount, page (vii) of the general instructions located in the paper SA1+2 for Gross receipts from subscribers for secondary transmission service(): during the accounting period. \$ 284,186.22 [IMPORTANT: You must complete a statement in space P concerning gross receipt]
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: 10 compute the royalty fee you owe: Complete DIOCK 1, DIOCK 2 OF DIOCK 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or le: Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,8 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6 See page (vi) of the general instructions located in the paper SA1-2 form for more informati
	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 this six-monl accounting period is \$52.0
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD . Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	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)
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 1,522.86
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
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
	Copyrights! See page i of the general instructions in the paper SA1-2 form for more information.

Accounting Period:	021/2				FORM SA1-2E. PAGE 7.			
Name	EGAL NAME OF OWNER OF CABLE ATV Holdings, LLC	SYSTEM:			SYSTEM ID# 63673			
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.							
	Enter the total number of activat on which the cable system carried and nonbroadcast services	ed television broadcast			240			
N Individual to Be Contacted	we can contact about this statemen	ent of account.)	MATION IS NEEDED (Identify an ind		COE 000 440E			
for Further Information	Address Address 1691 N Main (Number, street, rure Mitchell SD	1 St ral route, apartment, or suite	number)	releprione	605-990-1105			
	(City, town, state, zij		om	Fax (optional) 605-990-1010)			
O Certification	(Owner other than corporate (Agent of owner other than corporate (Agent of owner other than line 1 of space B are in line 1 of space B. I have examined the statement of a are true, complete, and correct to the [18 U.S.C., Section 1001(1986)]	that (Check one, but only coration or partnership than corporation or pa and that the owner is not m an officer (if a corpora account and hereby dec ne best of my knowledge Enter an e Enter sign:	fied and signed in accordance with C one, of the boxes.) I am the owner of the cable system a rtnership) I am the duly authorized agra corporation or partnership; or tion) or a partner (if a partnership) of the clare under penalty of law that all stater as, information, and belief, and are made at the clare using an "/s/ signature" (e.g., /s/ June 1964). Scott Peper	ent of the owner of the cable some legal entity identified as ownents of fact contained hereing in good faith.	system as identified ner of the cable system			
	Date:		held in corporation or partnership)	2-15-22				

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ccounting Period: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ATV Holdings, LLC	63673
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	_
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.	Q
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	- -
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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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