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:				
	ary Transmissions by	DATE RECEIVED	AMOUNT	-				
Cable Syste	ems (Short Form) uctions are located of this workbook	08/12/2022		Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
In the first tab	OT THIS WORKDOOK		ALLOCATION NUMBER					
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional	I - see instructions)					
Accounting Period								
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full	corporate				
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during th single statement of account and royalty		the last day of the accounting period shoul nting period.					
	Check here if this is the system's first fili	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	63490				
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	WIKSTROM SYSTEMS LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 217							
	(Number, street, rural route, apartment, or suite number) KARLSTAD, MN 56732							
	(City, town, state, zip)							
С	<b>INSTRUCTIONS:</b> In line 1, give any bus names already appear in space B. In line							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTE	М:						
	2 (Number, street, rural route, apartment, or suite	number)						
	(City, town, state, zip code)							
<del></del>								
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect th	e personally identifying information (PII) reque	ested on this				

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: WIKSTROM SYSTEMS LLC	SYSTEM I 634						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
First	CITY OR TOWN	STATE						
Community	HALLOCK	MN						
d Rows as Necessary								

	FO! LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	WIKSTROM SYSTEMS LLC												
					. = = 0								
Ε	SECONDARY TRANSMISSION In General: The information in s					ry transmission :	service of t	the cable					
	system, that is, the retransmission			-		•							
Secondary	about other services (including p						those exist	ting on the					
Transmission Service: Sub-	last day of the accounting period						hla svetom	broken					
scribers and	<b>Number of Subscribers:</b> 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												
Rates	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					condary transmis	sion servi	ce that cable					
	systems most commonly provide												
	that applies to your system. <b>Not</b> categories, that person or entity			•		0							
	subscriber who pays extra for ca												
	first set" and would be counted o	once again unc	ler "Ser	vice to addition	al set(s)."								
	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 s sufficient.							Service is					
	BLC			BLOCK	ζ2								
		NO. OF		DATE	0.17			NO. OF	<b>D</b> 4 <b>T</b>				
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT				
	Service to first set		171	87.99	ECON	OMY BASIC		8	35.9				
	Service to additional set(s)			07.33	LOON			<b>.</b>					
	• FM radio (if separate rate)												
	Motel, hotel		37	5.00									
	Commercial		31	44.23									
	Converter		••										
	Residential												
	Non-residential												
									1				
	SERVICES OTHER THAN SEC												
F	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												
Services	furnished at cost or (2) services		,		0		0.	/					
Other Than	amount of the charge and the ur		usually	/ billed. If any r	ates are cl	harged on a vari	able per-p	rogram basis,					
Secondary	enter only the letters "PP" in the rate column.												
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> 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.												
		BLO	CK 1					BLOCK 2					
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RAT				
	Continuing Services:			ation: Non-res	idential								
	• Pay cable	\$12		itel, hotel									
	Pay cable—add'l channel			mmercial		20.00							
	Fire protection			y cable									
	•Burglar protection			y cable-add'l cl	iannei								
	Installation: Residential <ul> <li>First set</li> </ul>	20.00		e protection									
	Additional set(s)	20.00 15.00		rglar protection services:									
	• FM radio (if separate rate)	15.00		connect		10.00							
	• Converter			sconnect		10.00							
				tlet relocation		15.00							
			-	ive to new addr	-000	10.00							

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID						
ame	WIKSTROM SYSTEMS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G	carried by your cable syste	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part-t	ime basis under						
imary mitters: evision	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program									
	• Do not list the station here station was carried only on	ules, regulations, or authorizations: e in space G—but do list it in space I (tl a substitute basis. also in space I, if the station was carrie								
	basis. For further information <b>Column 1:</b> List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruct program services such as HBO, ESF	ions. PN, etc. Identify each						
		el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community						
	educational station, by ente (for independent multicast) For the meaning of these te	of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3:</b> 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.								
	<b>Column 4:</b> 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.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KGFE	2	E	GRAND FORKS, ND						
	КХЈВ	4	Ν	VALLEY CITY, ND						
Rows as Necessary				VALLET OTT, ND						
Vecessary	WDAZ	8	N	GRAND FORKS, ND						
lecessary	WDAZ WTBS	8 9	N							
ecessary				GRAND FORKS, ND						
cessary	WTBS	9		GRAND FORKS, ND ATLANTA, GA						
ecessary	WTBS KBRR	9 10	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN						
s Necessary	WTBS KBRR KVLY	9 10 11	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND						
s Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
s Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						
as Necessary	WTBS KBRR KVLY CBWT	9 10 11 12	I N	GRAND FORKS, ND ATLANTA, GA THIEF RIVER FALLS, MN FARGO, ND WINNIPEG, MB, CANADA						

In General: Lis		RADIO						
	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.							
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: C	) it is carried by monitoring, to formation about rm. dentify the call State whether th f the radio station this by placing Sive the station	the system the receipt the Consign of one static on's sign a check 's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licens	adend, and (2 anna, during co ge (v) of the g system as a se sed by the FC	) it can l ertain sta eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
						<u> </u>		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
(JKJ	FM		GRAND FORKS, ND					
QHT	FM		GRAND FORKS, ND					
YCK	FM		GRAND FORKS, ND					
KXL	FM		GRAND FORKS, ND					
XPO	FM		GRAFTON, ND					
ZLT	FM		GRAND FORKS, ND					
SNR	FM		THIEF RIVER FALLS, MN					
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News	od: 2022/1						FO	RM SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF					SYSTEM ID#				
Hullie	WIKSTROM SYSTEMS LLC							63490		
_	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
	In General: In space I, iden									
Substitute	substitute basis during the a explanation of the programm									
Carriage:	1. SPECIAL STATEMEN				ne general ina			041-2 10111.		
Special					sis, any nonr	network te	levision pro	ogram		
Statement and Program Log	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?      YES X NO									
r rogram Log										
	<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.									
	clear. If you need more space, please add additional rows to the tables. <b>Column 1:</b> 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." <b>Column 2:</b> If the program was broadcast live, enter "Yes." Otherwise enter "No." <b>Column 3:</b> Give the call sign of the station broadcasting the substitute program. <b>Column 4:</b> Give the broadcast 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). <b>Column 5:</b> 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." <b>Column 6:</b> 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." <b>Column 7:</b> 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 was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAL								
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM	1				7 REASON FOR		
					5. MONTH	6.	TIMES	7. REASON FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION						
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	7. REASON FOR DELETION           7. REASON FOR DELETION           7. REASON FOR DEL		
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES			

Accounting Period:	2022/1 FORM S	6. SA1-2E. PAGE 6.						
Name		SYSTEM ID#						
Hame	WIKSTROM SYSTEMS LLC	63490						
K Gross 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 \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.							
	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-month accounting period is \$52.00							
	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 \$527,600)							
	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       .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							
	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)							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00						
	EFT Trace # or TRANSACTION ID # 26SPN94L							
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information							

Channels       to its subscribers, and (2) the cable system's total number of channels on which the cable system carried television broadcast stations	ations 63 ATION IS NEEDED (Identify an individual to whom Telephone (218) 436-2121
M       Instructions: You must give (1) the number of channels or to its subscribers, and (2) the cable system's total number of to its subscribers, and (2) the cable system's total number of to its subscribers, and (2) the cable system's total number of the cable system carried television broadcast stations	of activated channels during the accounting period.          8         ations       63         ATION IS NEEDED (Identify an individual to whom         Telephone       (218) 436-2121
N       INDIVIDUAL TO BE CONTACTED IF FURTHER INFORM we can contact about this statement of account.)         Individual to Be Contacted for Further Information       Name       CARRIE KERN-TAGGART         Name       CARRIE KERN-TAGGART         Address       PO BOX 217 (Number, street, rural route, apartment, or suite mail         KARLSTAD, MN 56732 (City, town, state, zip)       Email         CAK@WIKTEL.COM         O Certification       • I, the undersigned, hereby certify that (Check one, but only of (Owner other than corporation or partnership) I (Agent of owner other than corporation or partnership) I in line 1 of space B and that the owner is not a X	ATION IS NEEDED (Identify an individual to whom Telephone (218) 436-2121
Information       Address       PO BOX 217         (Number, street, rural route, apartment, or suite minimum construction of street, rural route, apartment, or suite minimum construction.       KARLSTAD, MN 56732         (City, town, state, zip)       Email       CAK@WIKTEL.COM         O       Certification       CERTIFICATION (This statement of account must be certified on the undersigned, hereby certify that (Check one, but only compared on the undersigned, hereby certify that (Check one, but only compared on the than corporation or partnership) if (Agent of owner other than corporation other than cowner is not a than the owner is not a than the	
(Number, street, rural route, apartment, or sulte m         KARLSTAD, MN 56732         (City, town, state, zip)         Email         CAK@WIKTEL.COM         O         Certification         • I, the undersigned, hereby certify that (Check one, but only of (Owner other than corporation or partnership)         (Agent of owner other than corporation or partnership)         (Agent of owner other than corporation or partnership)         X       (Officer or partner)	imber)
O         Certification         • I, the undersigned, hereby certify that (Check one, but only of (Owner other than corporation or partnership)         (Owner other than corporation or partnership)         (Agent of owner other than corporation or partnership)         in line 1 of space B and that the owner is not a         X       (Officer or partner)	Fax (optional) 218-436-3100
Certification • I, the undersigned, hereby certify that (Check one, but only of (Owner other than corporation or partnership) I (Agent of owner other than corporation or partnership) I in line 1 of space B and that the owner is not a X (Officer or partner) I am an officer (if a corporation	d and signed in accordance with Copyright Office regulations)
in line 1 of space B.  I have examined the statement of account and hereby decla are true, complete, and correct to the best of my knowledge, [18 U.S.C., Section 1001(1986)]	am the owner of the cable system as identified in line 1 of space B; or <b>hership)</b> I am the duly authorized agent of the owner of the cable system as identified corporation or partnership; or in) or a partner (if a partnership) of the legal entity identified as owner of the cable system re under penalty of law that all statements of fact contained herein
Enter an elec Enter signation	s/ CARRIE KERN-TAGGART tronic signature on the line above to certify this statement. tre using an "/s/ signature" (e.g., /s/ John Smith) CARRIE KERN-TAGGART DLLER

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 fing, a determination that would be made by a court of law.

unting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
STROM SYSTEMS LLC	6349
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 fol- lowing 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 sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	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 Name 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 Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	lays
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274 <sup>**</sup> and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	e
** 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.	e
Owner Address	
ID number First community served	

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