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					
8/31/2023	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOL	JNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В	G	nstructions: 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	L	ist any other name or names under which the owner conducts the business of the cable system.
		f there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single tatement of account and royalty fee payment covering the entire accounting period.
	C	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
	F	Pine Island Telephone Company
	E	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	E	BEVCOMM
	N	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		123 W 7th St Number, street, rural route, apartment, or suite number)
		Blue Earth, MN 56013
	,	ICTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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 "	DENTIFICATION OF CABLE SYSTEM:
	N	MAILING ADDRESS OF CABLE SYSTEM:
	2 0	Number, street, rural route, apartment, or suite number)
	Ì.	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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name									
	Pine Island Telephone Company 2566 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								
D	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 known 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 ident city.								
	CITY OR TOWN	STATE							
First	Pine Island	MN							
Community	Oronoco	MN							
	Bay City	WI							
Add Rows as Necessary	Hager City	WI							
AUU NOWS AS INECESSARY									

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

2566

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Pine Island Telephone Company

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,196	123.95					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
1		T1			T		

F

Services Other Than Secondary Transmissions:

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 1					
CATEGORY OF SERVICE	(CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
Pay cable—add'l channel		Commercial				
Fire protection		• Pay cable				
Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set	60.00	Burglar protection				
Additional set(s)		Other services:				
 FM radio (if separate rate) 		Reconnect	25.00			
Converter		Disconnect				
		Outlet relocation	45.00			
		 Move to new address 	60.00			

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2566

Pine Island Telephone Company

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
KARE	11	N	MINNEAPOLIS/ST. PAUL, MN
KARE COURT TV	11.2	I	MINNEAPOLIS/ST. PAUL, MN
КТТС	10	N	ROCHESTER, MN
KTTC-CW	10.2	l	ROCHESTER, MN
KMSP	9	l	MINNEAPOLIS/ST. PAUL, MN
KXLT	47	l	ROCHESTER, MN
KAAL	6	N	AUSTIN, MN
KSTP	5	N	MINNEAPOLIS/ST. PAUL, MN
KSTP H&I	5.7	N-M	MINNEAPOLIS/ST. PAUL, MN
KTCA-MN	2.1	E-M	MINNEAPOLIS/ST. PAUL, MN
wcco	4	N	MINNEAPOLIS/ST. PAUL, MN
WFTC	29	l	MINNEAPOLIS/ST. PAUL, MN
KPXM	41	l	MINNEAPOLIS/ST. PAUL, MN
KSTC	45	I	MINNEAPOLIS/ST. PAUL, MN
KSTC THISTV	5.4	I-M	MINNEAPOLIS/ST. PAUL, MN
KSTC-METV	5.3	I-M	MINNEAPOLIS/ST. PAUL, MN
WEUX	48	l	EAU CLAIRE, WI
WKBT	8	N	LACROSSE, WI
KARE-CIRCLE	11.5	I-M	MINNEAPOLIS/ST. PAUL, MN
KARE-QUEST	11.4	I-M	MINNEAPOLIS/ST. PAUL, MN
KARE-TRUE CRIME	11.3	I-M	MINNEAPOLIS/ST. PAUL, MN
KTCI-LIFE	2.3	E-M	MINNEAPOLIS/ST PAUL, MN
KSTC GET TV	5.4	I-M	MINNEAPOLIS/ST PAUL, MN
KARE - Twist	11.7	I-M	MINNEAPOLIS/ST PAUL, MN
WCCO-START TV	4.2	N-M	MINNEAPOLIS/ST PAUL, MN

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 2566 Pine Island Telephone Company PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KTCA-NOW E-M MINNEAPOLIS/ST PAUL, MN 2.4

N-M

MINNEAPOLIS/ST PAUL, MN

4.3

WCCO-DABL

Pine Island Telephone Company

2566

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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
						 	
							
		<u> </u>					
							
							
						 	
					 	 	
					 	 	
							
							
							
							
		 					
		 					
						 	

Accounting Period	d: 2023/1					F	ORM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF Pine Island Telephone						SYSTEM ID# 2566		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG					
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.								
Program Log	broadcast by a distant sta	tion?				YES	X		
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete the prod	ıram		
	log in block 2.			•					
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subs clear. If you need more spa	ice, please a	add additional r	ows to the tables.	•				
		,		sion program ("substitute p	,	, ,	O .		
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.	ies like "mo							
	Column 2: If the program	n was broad		"Yes." Otherwise enter "N					
				sting the substitute programe community to which the		nsed by the ECC or	in		
	the case of Mexican or Car						""		
			when your syst	tem carried the substitute p	orogram. Use	numerals, with the r	nonth		
	first. Example: for May 7 gir		substitute pro	gram was carried by your o	cable system	List the times accur	ately		
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that v	our evetom was rea	uirod		
	to delete under FCC rules								
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations in			
	effect on October 19, 1976	•							
	5	SUBSTITUT	E PROGRAM		WHE CARRI	7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
						_			
						_			
						_			
		 							
						<u> </u>			
		 				<u> </u>			
						_			
									
									
		_							

Accounting Period:	2023/1			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Pine Island Telephone Company			S	YSTEM ID# 2566
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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	em's second f how to com	ary transn pute this a	nission service amount, see	1,526.59
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 I Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I See page (vi) of the general instructions located in the paper SA1-2 form for more inform BLOCK 1: GROSS RECEIPTS OF \$137,100	less than \$5 nation.	27,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00			his six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1	1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (I	but more the	an \$137,1	00)	
	Base amount under statutory formula	263	,800.00		
	2. Enter amount of gross receipts from space K	191	,526.59		
	3. Subtract line 2 from line 1	72	,273.41		
	4. Enter the amount of gross receipts from space K	<u>\$</u>	1	91,526.59	
	5. Enter the amount from line 3	<u>\$</u>		72,273.41	
	6. Subtract line 5 from line 4	\$	1	19,253.18	
	7. Multiply line 6 by .005 (enter figure here)			\$	596.27
	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	18		\$	596.27
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	0 (but less t	han \$527,	(600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	263	,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01	<u></u>			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>\$</u>		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	····· <u> </u>		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, a	and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>		596.27	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	616.27
	EFT Trace # or TRANSACTION ID #	2740520	<u>.</u> 9		
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 form and the Exce				

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: ephone Company				SYSTEM ID# 2566
M Channels	to its subscriber 1. Enter the tota system carrie	s, and (2) the cable system's	total num	els on which the cable system carried te ber of activated channels during the ac	counting period.	27
		cable system carried television deast services		ast stations		304
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accordance.		DRMATION IS NEEDED (Identify an inc	lividual to whom	
for Further Information	Name	Seth Olson			Telephone	507-526-3252
	Address	123 W 7th St (Number, street, rural route, apart Blue Earth, MN 560		ite number)		
		(City, town, state, zip)				
	Email	solson@bevco	mm.com		Fax (optional	
0	CERTIFICATION (This statement of account m	ust be cer	tified and signed in accordance with Co	opyright Office regulations)	
Certification	• I, the undersigne	d, hereby certify that (Check o	ne, <i>but on</i>	ly one, of the boxes.)		
	(Owner	r other than corporation or p	artnershi	p) I am the owner of the cable system as	identified in line 1 of space E	3; or
				artnership) I am the duly authorized age is not a corporation or partnership; or	nt of the owner of the cable s	ystem as identified
		er or partner) I am an officer (in line 1 of space B.	if a corpor	ration) or a partner (if a partnership) of the	e legal entity identified as owr	ner of the cable system
		te, and correct to the best of m		clare under penalty of law that all stateme lge, information, and belief, and are made		
				/s/ Arlette Dutton electronic signature on the line above to contain the line above the line above to contain the line above the l		
		Typed or printed	d name:	Arlette Dutton		
		Title:		Financial Officer I position held in corporation or partnership)		
		Date:			February 15, 2023	

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FORM SA1-2E. PAGE 8
SYSTEM ID:
2566
P Special Statement Concerning Gross
Receipts Exclusion
_
_

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.