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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	02/25/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY)	(Y/(Period))	

		2018/2         Period 1 = January 1 - June 30         Period 2 = July 1 - December 31	
		20182 Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
		Instructions:	
В		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.	
			672
		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	
		Venture Communications Coop.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 157	
		(Number, street, rural route, apartment, or suite number)	
		Highmore, SD 57345 (City, town, state, zip)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	unloss those
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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)	
L			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Huille	Venture Communications Coop.	672
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincon discrete 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 futur Note: Entities and properties such as hotels, apartments, condominiums, identified city.	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	Wessington Springs	SD
Community		
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	
Name	Venture Communication								67
		13 000p.							
Е	SECONDARY TRANSMISSION			-	-				
<b>L</b>	In General: The information in sp system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
Rales	separately for the particular servi							chargeu	
	Rate: Give the standard rate cl							e and the	
	unit in which it is generally billed.	• •	,		iny standai	rd rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				rios of soo	ondany transmis	sion convic	o that cablo	
	systems most commonly provide								
	that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	ider "Servio	ce to the	
	first set" and would be counted o Block 2: If your cable system h					service that are	different f	rom those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.						BLOC	<b>(</b> )	
	BLC	OCK 1 NO. OF					BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		400	75.05	Coro			26	19.9
	Service to first set		428	75.95	Core			<u>20</u> 11	45.
	Service to additional set(s)				My Cho	DICE		11	43.(
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	·NOI-residentia								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
-	In General: Space F calls for rat				-	ll your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of	•			•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		acaany	2			able per pi	og.a 200.0,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip					these other ser			
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res			0,1120		
	• Pay cable	13.95		tel, hotel		49.95	set top	box	9.
	Pay cable—add'l channel	18.95		nmercial		49.95			
			• Pa	/ cable					
	•								
	Fire protection		• Pav	/ cable-add'l cl	nannel				
	Fire protection     Burglar protection		-	/ cable-add'l cl protection	nannel				
	Fire protection	49.95	• Fire	/ cable-add'l cl e protection glar protection					
	Fire protection     Burglar protection Installation: Residential     First set	49.95	• Fire • Bur	e protection					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Fire • Bur Other	e protection glar protection		49.95			
	Fire protection     Burglar protection Installation: Residential     First set		• Fire • Bur • <b>Other</b> • Ree	e protection glar protection services: connect		49.95			
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Fire • Bur • Bur • Bur • Rec • Dis	e protection glar protection services:		49.95			

				FORM SA1-2E. PAGE 3.
ne	LEGAL NAME OF OWNER OF			SYSTEM ID# 672
	Venture Communicati	•		VI 2
ary itters: sion	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, With <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carried n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a subs- he Special Statement and Program Le d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a function (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDLO	3	N	FLORENCE, SD
		i		
	KDLT	5	Ν	SIOUX FALLS, SD
sary	KDLT KTTM	5	N N	SIOUX FALLS, SD HURON, SD
ssary				
sary	кттм	7	N	HURON, SD
ary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
ssary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
essary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
essary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
essary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
essary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
essary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
essary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
cessary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
cessary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
cessary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
cessary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
cessary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
ecessary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
ecessary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
ecessary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD
lecessary	KTTM	7	N	HURON, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	E	SIOUX FALLS, SD

Accounting P	eriod: 2018	/2					FORM	M SA1-2E. PAGE 4
								SYSTEM ID
Venture Con	nmunicatio	ons Co	op.					67:
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. dentify the call tate whether the radio stat	y the sys be recein at the Co l sign of the static cion's sig	I-Band FM Carriage: Under ( 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.	t the system's he system's FM ante this point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral i	be expected, tated intervals. nstructions in the.	Primary Transmitters: Radio
Column 4: G	live the station	n's locati	on (the community to which the community with which the		•	C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1				h	<u> </u>	

Accounting Perio							FOR	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Venture Communication	ons Coop.	•					672
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	ify every non	nnetwork televis	ion program, broadcast by	a distant stat	ion, that you	ir cable syste	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or au	thorizations	. For a further
Substitute	explanation of the programm	ing that must	t be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT	T CONCER	NING SUBST	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did your	r cable system	carry, on a substitute basi	is, any nonnei	twork televi	sion prograr	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	" leave the r	rest of this pag	e blank. If your answer is '	"Yes " vou mu	ist complete	e the progra	
	log in block 2.	, louve the l	loot of the pag		roo, you me	iot complete	s and progra	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if thei	r meaning is	6
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."					-	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nsed by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	ith and day w		tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv		aubatituta pro	arom was carried by your	achla avatam	List the tim		sh <i>i</i>
	to the nearest five minutes.			gram was carried by your or ed by a system from 6:01:2				ery
	stated as "6:00–6:30 p.m."	Example: a	program carri		10 p.iii to 0.2	0.00 p 0		
				was substituted for progra				
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	e listed proai	ram
	was substituted for program	nming that yo						
		nming that yo			r FCC rules a	nd regulatio	ons in	1
	was substituted for program effect on October 19, 1976.	nming that yo	our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	TUTE	
	was substituted for program effect on October 19, 1976.	UBSTITUT	our system wa	s permitted to delete unde	r FCC rules a WHE CARRI	nd regulation	TUTE	7. REASON FOR DELETION
	was substituted for program effect on October 19, 1976.	UBSTITUT	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	TUTE URRED	7. REASON FOR
	was substituted for program effect on October 19, 1976.	UBSTITUT	our system wa E PROGRAIV 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	nd regulatio	TUTE URRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976.	UBSTITUT	our system wa E PROGRAIV 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	nd regulatio	TUTE URRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976.	UBSTITUT	our system wa E PROGRAIV 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	nd regulatio	TUTE URRED TIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976.	UBSTITUT	our system wa E PROGRAIV 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	nd regulatio	TUTE URRED TIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976.	UBSTITUT	our system wa E PROGRAIV 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	nd regulatio	TUTE URRED TIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976.	UBSTITUT	our system wa E PROGRAIV 3. STATION'S	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	nd regulatio	TUTE URRED TIMES	7. REASON FOR
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Accounting Period:	2018/2 FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S	YSTEM ID#
Name	Venture Communications Coop.	672
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	8,234.05 oss 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 \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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-mon 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
		52.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	52.00
	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	
	S. 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 \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID # 75687375552	
	Important: 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 informatio	

Accounting Period:	2018/2			FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: mmunications Coop.		SYSTEM ID# 672
<b>M</b> Channels	<ol> <li>to its subscrib</li> <li>1. Enter the to system carri</li> <li>2. Enter the to on which the</li> </ol>	bers, and (2) the cable system's otal number of channels on whi ied television broadcast station otal number of activated channe e cable system carried televisio	ns	tations 6 203
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of account	THER INFORMATION IS NEEDED (Identify an individual to whom ount.)	
for Further Information	Name	Brad Ryan	Tel	lephone 605 852-2224
	Address	PO Box 157		
		(Number, street, rural route, apa Highmore, SD 5734 (City, town, state, zip)	·	
	Email	bryan@ventu	recomm.net Fax (optional)	
O Certification			must be certified and signed in accordance with Copyright Office regul one, but only one, of the boxes.)	lations)
	(Ow	vner other than corporation or	partnership) I am the owner of the cable system as identified in line 1 of	space B; or
			<b>ration or partnership)</b> I am the duly authorized agent of the owner of the owner is not a corporation or partnership; or	cable system as identified
	X (Of	fficer or partner) I am an officer in line 1 of space B.	r (if a corporation) or a partner (if a partnership) of the legal entity identified	d as owner of the cable system
	are true, comp		d hereby declare under penalty of law that all statements of fact contained ny knowledge, information, and belief, and are made in good faith.	I herein
			X /s/ Randy Houdek Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	ed name: Randy W. Houdek	
		Title: (Title o	General Manager of official position held in corporation or partnership)	

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 the 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 telephon 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 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 t 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 lav

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ture Communications Coop.	67
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name	
<b>INTEREST ASSESSMENT</b> 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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