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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Bevcomm, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		BEVCOMM
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		123 W 7th St (Number, street, rural route, apartment, or suite number)
		(City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number) (City, town, state, zip code)
	1	
-		n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this r statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

3/30/2022

numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Bevcomm, Inc.	62
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, disc ve as a form of system identification hereafter known as the "
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me parks should be reported in parentheses below the ident
Area Served	city.	
	CITY OR TOWN	STATE
First	New Prague	MN
Community	Minnesota Lake	MN
	Wells	MN
dd Rows as Necessary	Easton	MN
	Winnebago	MN
	Bricelyn	MN
	Frost	MN
	Granada	MN
	Huntley	MN
	Warsaw	MN
	Freeborn	MN
	Delavan	MN
	Morristown	MN
	Truman	MN
	Trimont	MN
	Welcome	MN
	WEILUIIL	

	LEGAL NAME OF OWNER OF C	ARI E SVSTEM						FORM SA1-	-2E. PAGE
Name	Bevcomm, Inc.	ADLE STOTEM.						313	6255
Е	SECONDARY TRANSMISSION							the cells	
-	In General: The information in s system, that is, the retransmission	•		0					
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•							
Rates	each category by counting the n	•			•				
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-						-	
	category, but do not include disc	· ·	,		lanuar		s wiu iir a		
	Block 1: In the left-hand block	in space E, th	e form lists t	he categories o					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additional se	ets would be inc	cluded		•		
	first set" and would be counted of					anvias that are	different	from these	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.	0.01/ 4						4.0	
	BLO	OCK 1 NO. OF					BLOCI	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI	ERS F	RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		3,364	107.95					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC							•	
_	In General: Space F calls for ra				t to all	your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t						2		
Services	service for a single fee. There al furnished at cost or (2) services	•		Ũ			0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the				• ••			-	
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that		•						
Nutco	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	otion and inclue	le the rate fo	or each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERVICE		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			: Non-residen	tial				
	• Pay cable		• Motel, h						
			 Comme Pay cab 						
	Pay cable—add'l channel Eire protection		- ray cab	n c	<u>⊸</u> .				
	Fire protection		• Pav cah	le-add'l channe					
	Fire protection Burglar protection			le-add'l channe tection					
	Fire protection	45.00	• Fire pro						
	Fire protection Burglar protection Installation: Residential	45.00	• Fire pro	tection protection					
	 Fire protection Burglar protection Installation: Residential First set 	45.00	• Fire pro • Burglar	tection protection ices:		25.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	45.00	• Fire pro • Burglar Other serv	tection protection i ces: ect		25.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	45.00	• Fire pro • Burglar Other servi • Reconn	tection protection i ces: ect nect		25.00 45.00			

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Bevcomm, Inc.			62
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including tra m during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the) stations carried only on a part-t carriage of certain network progr	ime basis under ams [sections
Primary ransmitters: Television	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph. S: With respect to any distant stations carr		
		ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis.	Special Statement and Program	Log)—if the
	basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on	also in space I, if the station was carried b on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a the form. lel number the FCC assigned to the televis	ee page (v) of the general instruct gram services such as HBO, ESI ir designation. For example, repo	tions. PN, etc. Identify each ort multistream
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast)	/RC is channel 4 in Washington, D.C. n case whether the station is a network sta ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or '	ation, an independent station, or a r network multicast), "I" (for indep "E-M" (for noncommercial educat	a noncommercial pendent), "I-M"
	Column 4: Give the location	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th Idian stations, if any, give the name of the	e community to which the station	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КТСА	2.1	E	MINNEAPOLIS/ST PAUL, MN
	КРХМ	41	I	MINNEAPOLIS/ST PAUL, MN
Rows as Necessary	wcco	4	Ν	MINNEAPOLIS/ST PAUL, MN
	KSTP	5	Ν	MINNEAPOLIS/ST PAUL, MN
	KAAL	6	Ν	AUSTIN, MN
	KSTC METV	5.3	I-M	MINNEAPOLIS/ST PAUL, MN
	KMSP	9	I	MINNEAPOLIS/ST PAUL, MN
	WFTC	29	I	MINNEAPOLIS/ST PAUL, MN
	KARE	11	Ν	
	MARE			MINNEAPOLIS/ST PAUL, MN
	KEYC (FOX)	12.4	I-M	MINNEAPOLIS/ST PAUL, MN MANKATO, MN
		12.4 45		······
	KEYC (FOX)			MANKATO, MN
	KEYC (FOX) KSTC	45	I-M I	MANKATO, MN MINNEAPOLIS/ST PAUL, MN
	KEYC (FOX) KSTC KTCI-LIFE	45 2.3	I-M I E-M	MANKATO, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
	KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV	45 2.3 5.2	I-M I E-M I-M	MANKATO, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
	KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW	45 2.3 5.2 11.2	I-M I E-M I-M I-M	MANKATO, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
	KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC	45 2.3 5.2 11.2 12	I-M I E-M I-M I-M N	MANKATO, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MANKATO, MN
	KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC KSTC ANTENNA	45 2.3 5.2 11.2 12 5.4	I-M I E-M I-M I-M N I-M	MANKATO, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MANKATO, MN MINNEAPOLIS/ST PAUL, MN
	KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC KSTC ANTENNA KSTP-H&I	45 2.3 5.2 11.2 12 5.4 5.7	I-M I E-M I-M I-M N I-M N-M	MANKATO, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
	KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC KSTC ANTENNA KSTP-H&I KARE-JUSTICE	45 2.3 5.2 11.2 12 5.4 5.7 11.3	I-M I E-M I-M I-M N I-M N-M N-M	MANKATO, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
	KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC KSTC ANTENNA KSTP-H&I KARE-JUSTICE KTCA-MN	45 2.3 5.2 11.2 12 5.4 5.7 11.3 2.2	I-M I E-M I-M I-M I-M N I-M N-M N-M E-M	MANKATO, MN MINNEAPOLIS/ST PAUL, MN
	KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC KSTC ANTENNA KSTP-H&I KARE-JUSTICE KTCA-MN KTCA-WX	45 2.3 5.2 11.2 12 5.4 5.7 11.3 2.2 2.5	I-M I E-M I-M I-M N I-M N-M N-M E-M E-M	MANKATO, MN MINNEAPOLIS/ST PAUL, MN
	KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC KSTC ANTENNA KSTP-H&I KARE-JUSTICE KTCA-MN KTCA-WX WCCO-START TV	45 2.3 5.2 11.2 12 5.4 5.7 11.3 2.2 2.5 4.2	I-M I E-M I-M I-M I-M N-M N-M E-M E-M E-M N-M	MANKATO, MN MINNEAPOLIS/ST PAUL, MN

ccounting Period:	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Bevcomm, Inc.			62551
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: 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 Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast),	Iso in space I, if the station was carried n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p with a station according to its over-the	(1) stations carried only on a part-time te carriage of certain network program 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a subst the Special Statement and Program Log d both on a substitute basis and also of see page (v) of the general instruction rogram services such as HBO, ESPN, e-air designation. For example, report vision station for broadcasting over the station, an independent station, or a no for network multicast), "I" (for independent rE-M" (for noncommercial education	e basis under is [sections ns carried on a itute program g)—if the n some other ns. , etc. Identify each multistream e air in its community poncommercial dent), "I-M"
		n of each station. For U.S. stations, list lian stations, if any, give the name of th	-	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE-COURT TV	11.4	I-M	MINNEAPOLIS/ST PAUL, MN

Bevcomm, l	F OWNER OF (nc.	JABLE S	I S I EIVI.					SYSTEM 62
,								520
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call tate whether t the radio stati this by placing	y the sys be recein the Co sign of e he station ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a wed at the headend, with the s opyright Office regulations on t 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 his point, see pa his point, see pa ed by the cable s	adend, and (2 enna, during ce ge (v) of the ge system as a se) it can t ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Bevcomm, Inc.							62551
l		-	-		-1/- 4 4 - 4 - 4 - 4 - 4	- 41 - 4		
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FCC	C rules, regula	tions, or aut	horizations. I	For a further
Carriage:	1. SPECIAL STATEMENT		NING SUBSTI	TUTE CARRIAGE				
Special	 During the accounting per 				s, any nonnet	work televis	ion program	า
Statement and Program Log	broadcast by a distant sta	tion?	-	-	-		YES	
	5		reat of this near	a blank. If your analysis "	Vee "veu mu	uat aammalata		-
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	the program	n
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations v	wherever nos	sible if their	meaning is	
	clear. If you need more spa						inouning io	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re	distant stati	ion and that you	ur cable system substituted	d for the prog	ramming of	another stat	tion
	Do not use general categor							1.
	"NBA Basketball: 76ers vs.	Bulls."		· "Yes." Otherwise enter "N		1	,	
				sting the substitute program				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
				em carried the substitute p			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your c				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sr	nould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	• •	our system wa	s permitted to delete under	r FCC rules a	nd regulatio	ns in	
								1
	s		E PROGRAM		CARR	N SUBSTI	JRRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCCL 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. T	JRRED IMES	

Accounting Period:	2020/2 FORM SA1-2	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS Bevcomm, Inc.	TEM ID# 62551
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.	809.65 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-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	0.00
	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 \$ 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 \$ 470,809.65	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1 \$ 207,009.65	
	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 \$ 3,3	89.10
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
	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 \$ 3,4	409.10
	EFT Trace # or TRANSACTION ID # 26V2G0KI	
	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 information.	

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Bevcomm, Inc.	SYSTEM ID# 62551
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast 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 . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	25
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Seth Olson Te	elephone 507-526-3252
	Address 123 W 7th St (Number, street, rural route, apartment, or suite number) Blue Earth, MN 56013 (City, town, state, zip)	
	Email solson@bevcomm.com Fax (optional	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation is the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact containe are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] K /s/ Arlette Dutton Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	of space B; or he cable system as identified ied as owner of the cable system ed herein
	Typed or printed name: Arlette Dutton	
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	Date: February 22, 202	22

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
/comm, Inc.	6255
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Y ES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name 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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L A
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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