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				
2/7/2022	\$ 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

	ACCOUNTING 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								
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								
WIKSTROM SYSTEMS LLC	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)								
NOTION AND ADDRESS OF THE PROPERTY OF THE PROP	these							
names 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)								

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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/2							
tecounting i criou.	2021/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name								
	WIKSTROM SYSTEMS LLC	970						
	Instructions: List each separate community served by the cable system. A "community"							
D	separate and distinct community or municipal entity (including unincorporated community or municipal entity)							
0	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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Area	city.							
Served								
	CITY OR TOWN	STATE						
First								
Community	KENNEDY	MN						
Add Rows as Necessary								

Accounting Period: 2021/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

970

WIKSTROM SYSTEMS LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the 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	46	90.99				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		1		1		

F

Services Other Than Secondary Transmissions: Rates

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 2				
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable	\$12	Motel, hotel				
Pay cable—add'l channel		Commercial	20.00	L		
Fire protection		Pay cable				
•Burglar protection	rglar protection • Pay cable-add'l channel					
Installation: Residential		Fire protection				
• First set	20.00	Burglar protection				
Additional set(s)	15.00	Other services:				
• FM radio (if separate rate)		Reconnect	10.00	L		
Converter		Disconnect				
		Outlet relocation	15.00			
		Move to new address	10.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

970

WIKSTROM SYSTEMS LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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
KGFE	2	Е	GRAND FORKS, ND
КХЈВ	4	N	VALLEY CITY, ND
WDAZ	8	N	GRAND FORKS, ND
WTBS	9	I	ATLANTA, GA
KBRR	10	N	THIEF RIVER FALLS, MN
KVLY	11	N	FARGO, ND
СВЖТ	12	I	WINNIPEG, MB, CANADA
WGNA	23	I	CHICAGO, IL
		<u> </u>	4

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WIKSTROM SYSTEMS LLC

970

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
	l						
							
	 						
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Accounting Period: 2021/2 FORM SA1-2E. PAGE 5.									
Accounting Ferror	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:								
Name	WIKSTROM SYSTEMS							970	
	SUBSTITUTE CARRIAGE	SPECIAL	STATEMEN	T AND PROGRAM I OC	2				
Substitute	n General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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	CONCER	NING SUBSTI	THE CARRIAGE					
Special					eie any nonn	atwork television	nrogram		
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 station?								
	Note: 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.								
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each substi				wherever po	ssible, if their me	eaning is		
	clear. If you need more space				W\ (1				
	Column 1: Give the title of period, was broadcast by a							on	
	under certain FCC rules, re								
	Do not use general categori								
	"NBA Basketball: 76ers vs. l					•	•		
	Column 2: If the program								
	Column 3: Give the call s					anaad by tha FO	· C ar in		
	Column 4: Give the broa the case of Mexican or Cana						C OI, III		
	Column 5: Give the mon						the mon	th	
	first. Example: for May 7 giv	•	, ,		1 3	,			
	Column 6: State the time							y	
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m. shou	ld be		
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	r "R" if the	listed program	was substituted for progr	amming that	vour evetem was	required	,	
	to delete under FCC rules a				-		•	 	
	was substituted for program	•		0.					
	effect on October 19, 1976.								
	<u> </u>								
	6	IDOTITLIT			11	EN SUBSTITU		7. REASON FOR	
	5		E PROGRAM		-	RIAGE OCCURF 6. TIME		DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	FROM —	то		
		100 01 110	OF ILLE GIGIT	4. 61/(1161(6) 266/(1161(7448 8741	THOM	10		
									
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						+			
						+			
									
									
						 			
									
						+			

Accounting Period: 2	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WIKSTROM SYSTEMS LLC	Sì	STEM ID# 970
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	,113.24
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss receipts)
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 \$20 to 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.	263,800	
	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 the accounting period is \$52.00	nis six-month	
	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 \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8.		0.00
			<u> </u>
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 26SPN94L		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period: 2	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: STEMS LLC				SYSTEM ID# 970
M Channels	Enter the total system carried Enter the total on which the control of t	s, and (2) the cable system's number of channels on which	total numb th the cable as	ist stations	counting period.	69
N Individual to Be Contacted	we can contact a	about this statement of accou	ınt.)	RMATION IS NEEDED (Identify an inc		
for Further Information	Name Address	PO BOX 217			Telephone	(218) 436-2121
		(Number, street, rural route, aparts KARLSTAD, MN 567 (City, town, state, zip)		e number)		
	Email	CAK@WIKTEL	COM		Fax (optional 218-436-310	00
0	CERTIFICATION (This statement of account mo	ust be certi	ified and signed in accordance with Co	ppyright Office regulations)	
Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but only</i>	y one, of the boxes.)		
	(Owner	other than corporation or p	artnership	o) I am the owner of the cable system as	identified in line 1 of space E	3; or
		in line 1 of space B and that th	e owner is r	rtnership) I am the duly authorized age not a corporation or partnership; or		
	į	in line 1 of space B.		ation) or a partner (if a partnership) of the		er of the cable system
		e, and correct to the best of m		lare under penalty of law that all stateme ge, information, and belief, and are made		
			<u>X</u>	/s/ CARRIE KERN-TAGGAR	Т	
		- 0		electronic signature on the line above to ce ature using an "/s/ signature" (e.g., /s/ Jo	•	
		Typed or printed	l name:	CARRIE KERN-TAGGART		
		Title:		ROLLER position held in corporation or partnership)		
		Date:			02/07/2022	

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ounting Period: 2021/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
KSTROM SYSTEMS LLC	970
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."	Special Statement Concerning Gross Receipts Exclusion
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 YES. Enter the total here and list the satellite carrier(s) below	
Test Effect the total hore and not the extense cannot (e) soleth.	
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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	_
,	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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