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						
7/20/2022	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20212 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							
	STEELE CABLEVISION INC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	PO BOX 64 (Number, street, rural route, apartment, or suite number)							
	STEELE ND 58482-0064							
	(City, town, state, zip)							
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless 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	IDENTIFICATION OF CABLE SYSTEM:							
	1							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number: street, rural route, apartment, or suite number).							
	(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:	2022/1							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#						
Name	STEELE CABLEVISION INC	23071						
	Instructions: List each separate community served by the cable system. A "co							
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.							
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identifi							
Area Served	rea city							
	CITY OR TOWN	STATE						
First	STEELE	ND						
Community	WILTON	ND						
	LINTON	ND ND						
Add Rows as Necessary	WISHEK WING	ND ND						
	WING	ND						

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23071

#### STEELE CABLEVISION INC

## 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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	Jan 31 = 13	22.00			
Service to additional set(s)	Feb 28 = 7				
• FM radio (if separate rate)	Mar 31 = 0		Note:		
Motel, hotel			Cablesystem terminated		
Commercial	Jan 31 = 19	37.00	31-Mar-22		
Converter	Feb 28 = 7				
Residential	Mar 31 = 0				
Non-residential					

# 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		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

23071

STEELE CABLEVISION INC

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
KBME-TV	22	E	PBS - BISMARCK, ND
KFYR-TV	31.1	N	NBC - BISMARCK, ND
KFYR-TV	31.2	N-M	FOX - BISMARCK, ND
KXMB	12	N	CBS - BISMARCK, ND
KBMY	17	N	ABC - BISMARCK , ND
KNDB	26.1	l	KNDB - Bismarck ND
KNDB	26.2	N	BEK Sports Plus West - BISMARCK, ND
KVLY-TV	44.1	N	NBC - FARGO, ND
KVLY-TV	44.2	N-M	CBS - FARGO, ND
KVRR	19	N	FOX - FARGO, ND
WDAY-TV	21	N	ABC - FARGO, ND
KFME	13	E	PBS - FARGO, ND
KRDK-TV	38.1	l	KRDK - FARGO, ND
KRDK-TV	38.2	I-M	BEK Sports Plus East - FARGO, ND

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### STEELE CABLEVISION INC

23071

### 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
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Accounting Period	d: <b>2022/1</b> LEGAL NAME OF OWNER OF O	CARLE SYST	EM:					FOR	M SA1-2E. PAGE 5.
Name	STEELE CABLEVISION		LIVI.						23071
Substitute Carriage: Special Statement and Program Log	STEELE CABLEVISION  SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant state Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, regulated to the certain FCC rules, regulated to the column 2: If the program Column 2: If the program Column 3: Give the call secolumn 4: Give the broad the case of Mexican or Canacled to the	ry every non counting peng that must concern od, did your ion?  , leave the return that program of every non es like "more bulls."  n was broad sign of the sed cast station add any station than day were reconstructed.	L STATEMEN network televisi riod, under spect be included in NING SUBSTI r cable system rest of this pag  MS m on a separar and additional r network televiton and that you r authorizations vies" or "baske lcast live, enter station broadca in's location (the	on program, broadcast cific present and former this log, see page (v) of TUTE CARRIAGE carry, on a substitute be blank. If your answer the line. Use abbreviation ows to the tables. Sion program ("substitute as See page (v) of the get ball." List specific program the substitute programminity to which the substitute programminity with which t	by a control by a	rules, regular general instruction, any nonner des," you mutherever postrogram") that for the progral instruction titles, for extending in the program of the program of the program in the program in the program in the program in the program of th	twork televisust complete ust complete ust complete ust complete ust, during the ramming of ns for further ample, "I Lo	paper SA1- sion prograr YES the progra r meaning is a accounting another sta r informatio ve Lucy" or	n carried on a For a further 2 form.  NO m
	first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  WHEN SUBSTITUTE							ed	
	TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATIO	ON	5. MONTH AND DAY	AGE OCCI 6. T FROM	IMES TO	DELETION

Accounting Period:	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: STEELE CABLEVISION INC	SYSTEM ID# 23071
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's secon (as identified in space E) during the accounting period. For a further explanation of how to co 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.	dary transmission service mpute this amount, see
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  Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	527,600
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LES	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you maccounting period is \$52.00	ust pay for this 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	
	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	
	1. Base amount under statutory formula	63,800.00
	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	<del></del>
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	······
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less	s than \$527,600)
	Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	63,800.00
	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 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
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form for mo	

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF STEELE CABLEVISION					SYSTEM ID# 23071
M Channels	to its subscribers, and (2)  1. Enter the total number	the cable system's to	otal numb	s on which the cable system carried television of activated channels during the account		14
	Enter the total number on which the cable systand nonbroadcast serv	of activated channels em carried television	s i broadca			56
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an individua	al to whom	
for Further Information	Name <b>CARM</b>	EN BIESTERFE	LD		Telephone	701-475-1260
		X 230 street, rural route, apartme LE ND 58482	ent, or suite	number)		
		, state, zip)  carmenb@bektel.	l coon	Fa	x (optional 701-475-210	0
	Email	odinions@soliton	посор	1 0	x (optional 701 473 210	
0	CERTIFICATION (This state	ment of account mus	st be certi	fied and signed in accordance with Copyrig	ght Office regulations)	
Certification	• I, the undersigned, hereby	certify that (Check one	e, but only	one, of the boxes.)		
	(Owner other the	an corporation or par	rtnership	) I am the owner of the cable system as ident	tified in line 1 of space B	; or
				rtnership) I am the duly authorized agent of the acorporation or partnership; or	the owner of the cable sy	ystem as identified
	(Officer or parti		a corpora	tion) or a partner (if a partnership) of the legal	ıl entity identified as own	er of the cable system
		rect to the best of my l		are under penalty of law that all statements of e, information, and belief, and are made in go		
			X	/s/ Derrick Bulawa		
				lectronic signature on the line above to certify t ature using an "/s/ signature" (e.g., /s/ John Sm		
		Typed or printed n	name:	Derrick Bulalwa		
			CEO e of official p	position held in corporation or partnership)		
		Date:		J	July 18, 2022	

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ccounting Period: 2022/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TEELE CABLEVISION INC	23071
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 scribers 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 transmission made by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below	sub- " Special Statement Concerning Gross Receipts Exclusion
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 underpaym. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	E.D
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
^	
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	-
x 0.00274	
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	<u>-</u>
·	,
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance ple contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase
** 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, ple 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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