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							
7/21/2022	\$ 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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		2022/1	ı	Period 1 = January	1 - June 30	Period 2 = July	1 - December 31		
Accounting			E	Barcode Data Filing	Period (optional -	see instructions)			
Period									
В		Instructions: Give the full legal name of the subsidiary, not that of the			owner is a subsidia	ary of another corpo	oration, give the full corp	porate title of	:
Owner		List any other name or name	es under which t	the owner conducts	the business of the	cable system.			
		If there were different owne statement of account and ro					ounting period should su	ubmit a single	
		Check here if this is the syste	em's first filing.	If not, enter the syst	em's ID number as	signed by the Licens	sing Division.		23265
		LEGAL NAME OF OWN	IER/MAILING	ADDRESS OF CA	BLE SYSTEM				
		Dickey Rural Services Ir	nc						
		BUSINESS NAME(S) OF	OWNER OF C	CABLE SYSTEM (IF DIFFERENT)				
		MAILING ADDRESS OF	OWNER OF C	ABLE SYSTEM					
		PO Box 69							
		(Number, street, rural route, apar Ellendale, ND 584		mber)					
		(City, town, state, zip)							
С		RUCTIONS: In line 1, giv s already appear in spac							
System	1	IDENTIFICATION OF CABL	E SYSTEM:						
		MAILING ADDRESS OF CA	BLE SYSTEM:						
	2								
		(Number, street, rural route, apar	rtment, or suite nur	mber)					
		(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.

Dickey Rural Services Inc Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 '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 ident city. CITY OR TOWN STATE Oakes ND		LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas). "A DEA." Ro.5(3(d). The first community that you list will serve as a form of system identification hereafter known as the 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 ident city. CITY OR TOWN STATE Oakes ND CITY OR TOWN STATE Oakes ND CITY OR TOWN STATE Oakes ND CITY OR TOWN ND Ashley ND Edgeley ND Kulm ND Kulm ND Kulm ND Rutland ND Lisbon ND Rutland ND LaMoure ND Kathryn ND Verona ND Crete ND Forbes ND Fredonia ND Nelvik ND Gwinner ND Litchville ND Dickey ND Dickey ND Jud ND	Name		232
separate and distinct community or municipal entity (including unincorporated acreas). "47 C.F.R. 76.5(dd). 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 ident of the community. CITY OR TOWN STATE COMMUNITY Ellendale ND Ashley ND Ellendale ND Ashley ND Kulm ND Kulm ND Lisbon ND Rutland ND Rutland ND Kathryn ND Kathryn ND Kathryn ND Kathryn ND Forbes ND Fredonia ND Fredonia ND Fredonia ND Fredonia ND Fredonia ND Covete ND Fredonia ND Fredonia ND Fredonia ND Litchville ND Fort Ransom ND Litchville ND Fort Ransom ND Litchville ND Fort Ransom ND Guight ND			
Area Served Area Served 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 ident city. City or TOWN STATE Community First Community Ellendale ND Ashley ND Edgeley ND Kulm ND Kulm ND Kulm ND Ravitand ND Lisbon ND Ruttand ND Ruttand ND Crete ND Crete ND Forches ND Fredonia ND ND Crete ND ND ND Crete ND Fredonia ND ND ND Fredonia ND ND Fredonia ND ND Fredonia ND ND Fredonia ND Fredon	D	separate and distinct community or municipal entity (including unincorporated community or municipal entity)	munities within unincorporated areas and including single, discr
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident of ty. City OR TOWN	D		rve as a form of system identification hereafter known as the "f
City City City			
CITY OR TOWN STATE	Area		nome parks should be reported in parentheses below the identi
First Oakes ND		city.	
First Oakes ND			
First Oakes ND		CITY OF TOWN	STATE
Community Ellendale ND Ashley ND Rows as Necessary Edgeley ND Milnor ND Kulm ND Marion ND Lisbon ND Rutland ND LaMoure ND Kathryn ND Verona ND Crete ND Forbes ND Fedonia ND Nelvik ND Gwinner ND Forman ND Litchville ND Fort Ransom ND Dickey ND Fullerton ND Guelph ND Jud ND	Firet		
Ashley	Community		
Edgeley	•		
Milnor ND Kulm ND Marion ND Lisbon ND Rutland ND LaMoure ND Kathryn ND Verona ND Crete ND Forbes ND Fredonia ND Nelvik ND Gwinner ND Forman ND Litchville ND Fort Ransom ND Dickey ND Fullerton ND Guelph ND Jud ND	Rows as Necessary		
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Dickey ND Fullerton ND Guelph ND Jud ND		Litchville	ND
Fullerton ND Guelph ND Jud ND		Fort Ransom	
Fullerton ND Guelph ND Jud ND		Dickey	ND
Jud ND			ND
		Guelph	ND
Venturia ND		Jud	ND
		Venturia	ND

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23265

Dickey Rural Services 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.

BLG	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set			TV Valu-TVVALPK	179	53.95		
Service to additional set(s)			TV Only-Valu-TVONLY				
FM radio (if separate rate)			TV w/HS-Valu-TVIOVA	79	40.00		
Motel, hotel			TV UF Discounted-TVIOUO	3,229	15.95		
Commercial							
Converter							
Residential							
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.

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable		Motel, hotel	30.00	
 Pay cable—add'l channel 		Commercial		
Fire protection		• Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	30.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	5.00	
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

23265

Dickey Rural Services 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
KJRR HD	7/7	N	JAMESTOWN, ND FOX
KXMB HD	12/12	N	BISMARK, ND CBS
KXMB (CW)	12/12.2	N-M	BISMARCK, ND CBS
KXMB (LAFF)	12/12.3	N-M	BISMARCK, ND CBS
KXMB (ESCAPE)	12/12.4	N-M	BISMARCK, ND CBS
KFME HD	13/13	E	FARGO, ND PBS
KFME DT2	13/13	E-M	FARGO, ND PBS world
KFME DT3	13/13	E-M	FARGO, ND PBS MINNESOTA
KFME DT4	13/13	E-M	FARGO, ND PBS LIFELONG LEARNING
KBMY HD	17/17	N	BISMARCK, ND ABC
KBMY DT3	17/17.3	N-M	BISMARCK, ND WDAY Xtra
KVRR DT2	19/15.2	N-M	FARGO, ND ANTENNA TV
WDAY HD	21/6	N	FARGO, ND ABC
WDAY DT2	21/6.2	N-M	FARGO, ND JUSTICE
WDAY DT3	21/6.3	N-M	FARGO, ND WDAY Xtra
KNDB (H&I)	26/26.1	l	BISMARCK, ND BEK SPORTS NETWORK
KVLY (H&I)	28.3	l	Fargo, ND NBC Gray Television
KRDK (COZI)	24/4	N	VALLEY CITY, ND COZI
KXJB HD	30/30	N	HORACE, ND CBS
KXJB DT2	30/30.2	N-M	HORACE, ND CW (KXJB DT2-same)
KFYR HD	31/5	N	BISMARCK, ND NBC
KFYR HD DT4	31/5.4	N-M	BISMARCK, ND CIRCLE
KFYR HD DT3	31/5.3	N-M	BISMARCK, ND METV
KFYR HD DT5	31/5.5	N-M	BISMARCK, ND QUEST
KNDX HD	38/5.1	N	DICKINSON, ND FOX
KVLY HD	44/11	N	FARGO, ND NBC
KVLY DT3	44/11.3	N-M	FARGO, ND METV
KVLY DT4	36/11.4	N-M	FARGO, ND CIRCLE

counting Period:	2022/1			FORM SA1-2E. PAGE						
N	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID						
Name	Dickey Rural Services	Inc		2326						
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable systen	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								
Primary Transmitters: Television	substitute program basis, as	explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substi							
	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 <i>only</i> 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. <i>Do not</i> 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.									
	4 0411 01011			4 1 0 0 4 7 10 11 0 7 17 17 10 11						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Dickey Rural Services Inc

23265

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.

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
KDDR	AM		OAKES, ND	KSJB	AM		JAMESTOWN, ND

Transmitters: Radio

Primary

Accounting Perio		0.4 D. E. 0.40T							FORM	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O		EM:							SYSTEM ID# 23265
	SUBSTITUTE CARRIAGE	· CDECIA	L STATEMEN	T AND BROCKAM LO	26					
 Substitute	In General: In space I, identif substitute basis during the ac	fy every non	network televis eriod, under spe	ion program, broadcast b cific present and former I	oy a o	rules, regula	ations, or au	uthoriz	ations. F	or a further
Carriage:										
Special	During the accounting peri				aeie	any nonne	twork telev	rieion r	nroaram	,
Statement and		•	r cable system	carry, orra substitute b	asis,	arry riorinc	twork tolev			V
Program Log	broadcast by a distant stat Note: If your answer is "No"		rest of this nac	ie blank. If vour answer	ie "V	es " vou mi	ıst comple		YES	INO
	,	, leave tile	rest of this pag	je blatik. II your ariswer	15 1	es, you me	ist comple	ie ilie	program	11
	log in block 2. 2. LOG OF SUBSTITUTE	DDUCDV	MS							
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 on October 19, 1976.	WHEN SUBSTITUTE								
	S	UBSTITUT	E PROGRAM				AGE OCC			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY	6. FROM	TIMES	то	DELETION
								_		
								_		
								_		
								_		
								_		
								_		

ccounting Period:	2022/1			FORM	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Dickov Rural Sorvices Inc.			;	SYSTEM ID
	Dickey Rural Services Inc				2326
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanation page (viii) 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 results.	system's son of how to	econdary transm o compute this a	nission service amount, see	
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for t	his six-month	
	Line 1. Royalty fee for accounting period				
	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 li	nes 1 and 2	2	·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)	
	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 \$26:	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K	. \$	376,367.77		
	Base amount under statutory formula	\$	263,800.00	•	
	3. Subtract line 2 from line 1	\$	112,567.77	•	
	4. Multiply line 3 by .01		. \$	1,125.68	
	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	l, 5, and 6 .		\$	2,444.68
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,444.68	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,464.68
	EFT Trace # or TRANSACTION ID #	270VCQ1	8/76268640833		
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF OWN Dickey Rural Serv	NER OF CABLE SYSTEM: rices Inc			SYSTEM ID# 23265					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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.									
	on which the cab	umber of activated channel ole system carried television at services	on broadcast stations		238					
N Individual to Be Contacted	we can contact abo	out this statement of accou	HER INFORMATION IS NEEDED (Identify an ind int.)							
for Further Information	Address 9	ue Urlacher 628 Hwy 281, PO Bo	ox 69	Telephone 70 °	1-344-6005					
	E	Illendale, ND 58436 ity, town, state, zip)								
	Email	surlacher@drtel	l.com	Fax (optional 701-344-4300						
O Certification	·		ust be certified and signed in accordance with Co	opyright Office regulations)						
			vartnership) I am the owner of the cable system as	identified in line 1 of space B; or						
	in li	ine 1 of space B and that the	ation or partnership) I am the duly authorized ager e owner is not a corporation or partnership; or							
		or partner) I am an officer (if ine 1 of space B.	if a corporation) or a partner (if a partnership) of the	e legal entity identified as owner of	f the cable system					
		and correct to the best of my	hereby declare under penalty of law that all stateme y knowledge, information, and belief, and are made							
			X /s/ Troy Radermacher Enter an electronic signature on the line above to ce	ertify this statement.						
			Enter signature using an "/s/ signature" (e.g., /s/ Jo							
		Typed or printed	I name: Troy Radermacher							
		Title:	Accounting Manager tle of official position held in corporation or partnership)							
		Date:		7-1-22						

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.

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ckey Rural Services Inc	23265
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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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