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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8-23-22	\$ ALLOCATION NUMBER	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))
		2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		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
		FT RANDALL CABLE SYSTEMS INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1104 19TH AVE SW #B (Number, street, rural route, apartment, or suite number)
		WILLMAR, MN 56201 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	
	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.

-

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
Name	FT RANDALL CABLE SYSTEMS INC	33793				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a 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 identification city.					
Area Served						
	CITY OR TOWN	STATE				
First	LAKE LILLIAN	MN				
Community						
d Rows as Necessary						

									TEM ID	
Name	LEGAL NAME OF OWNER OF C							513	3379	
	FT RANDALL CABLE SYSTEMS INC									
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RA	TES					
E	In General: The information in s	pace E should	cover a	Ill categories of	seconda	•				
	system, that is, the retransmission									
Secondary Transmission	about other services (including p						those exis	ting on the		
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	n broken		
scribers and		•								
Rates	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 of	-	-					-		
	unit in which it is generally billed category, but do not include disc	· · ·	,		ny standa	rd rate variation	is within a	particular rate		
	Block 1: In the left-hand block				ries of sec	ondarv transmi	ssion servi	ice that cable		
	systems most commonly provide	•		•						
	that applies to your system. Not	e: Where an in	dividual	or organizatio	n is receiv	ing service that	falls unde	r different		
	categories, that person or entity						•			
	subscriber who pays extra for ca					d in the count u	nder "Servi	ice to the		
	first set" and would be counted of Block 2: If your cable system					service that an	different	from those		
	printed in block 1 (for example, t	-								
	with the number of subscribers a									
	sufficient.		-							
	BLO	DCK 1					BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCRIB	ERG	INAIL	CAT		WICL	SUBSCRIDERS		
	Service to first set		25	92.45						
	Service to inst set Service to additional set(s)		23	52.45						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMISS							
_	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t	hose services	that are	not offered in	combinati	on with any sec	ondary tra	nsmission		
	service for a single fee. There a	•			•		υ.	,		
Services	furnished at cost or (2) services									
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	ales are cr	larged on a var	lable per-p	rogram basis,		
ransmissions:			he cable	e system for ea	ach of the	applicable serv	ces listed.			
Rates	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		,		shed. List	these other ser	vices in th	e form of a		
	brief (two- or three-word) descrip	otion and inclue	le the ra	ate for each.						
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		Installa	ation: Non-res	idential					
	• Pay cable	10.95	• Mot	tel, hotel						
	 Pay cable—add'l channel 	11.95	• Cor	nmercial						
	Fire protection		• Pay	/ cable						
	•Burglar protection		• Pay	/ cable-add'l ch	annel					
	Installation: Residential		• Fire	e protection			[
	First set	20.00	• Bur	glar protection						
	 Additional set(s) 			services:						
	• FM radio (if separate rate)			connect		20.00				
	• Converter			connect		N/A				
				let relocation		20.00				
			_	ve to new addr	000	20.00				

Name	LEGAL NAME OF OWNER O			
		F CABLE SYSTEM:		SYSTEM I
	FT RANDALL CABLE	SYSTEMS INC		3379
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including i m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network s rring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	(1) stations carried only on a part-tir e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instructi rogram services such as HBO, ESP -air designation. For example, repo vision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for independent r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station in	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	e community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	WYCW	23	N	MINNEAPOLIS, MN
	WFTC	29	N	MINNEAPOLIS, MN
ows as Necessary	кятс	45	I	MINNEAPOLIS, MN
	KSAX	42	N	ALEXANDRIA, MN
	кссо	7	N	ALEXANDRIA, MN
	KMSP	9	N	MINNEAPOLIS, MN
	KMSP KWCM	9 10		
			N	MINNEAPOLIS, MN

EGAL NAME OF								SYSTEM I
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		
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If	it is carried by monitoring, to rmation abou m. entify the call tate whether t the radio stati	y the sys be recei t the Co sign of e he statio ion's sign	H-Band FM Carriage: Under C atem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	t the system's hea system's FM ante his point, see pag	adend, and (2 nna, during ce ge (v) of the ge) it can t ertain sta eneral ir	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
Column 4: G	ive the statior	n's locati	k mark in the "S/D" column. 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	d: 2022/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	FT RANDALL CABLE S	SYSTEMS	INC				33793
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	3		
	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations.	For a further
Substitute	explanation of the programm	•			e general instri	uctions in the paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork television progra	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complete the progra	
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	ssible, if their meaning i	s
	clear. If you need more spa				program") the	at during the accountin	a
	period, was broadcast by a			sion program ("substitute ur cable system substitute			
	under certain FCC rules, re		,	,		, 0	
	Do not use general categor						
		n was broad		r "Yes." Otherwise enter "			
	Column 3: Give the call						
	the case of Mexican or Can			e community to which the			
				tem carried the substitute			onth
	first. Example: for May 7 giv		inion your eye		program. ooc		
			substitute pro	gram was carried by your	cable system	. List the times accurate	ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:2	28:30 p.m. should be	
	stated as "6:00–6:30 p.m."	ar "D" if the	lists d program	was substituted for prese	a manain a that	aur austana usaa raaujir	o d
	to delete under FCC rules a			was substituted for progr			
	was substituted for program						Ian
	effect on October 19, 1976.						
						EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
					-		
					-		
					-		
					-		
					-		
						_	
					-		
					-		
					-		
					-		
1	·	+			-		

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SY	/STEM ID# 33793
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this at 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.	ssion service mount, see	3,498.32 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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.	63,800	
	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	s six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	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	-	
	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		
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more information		ts!

Accounting Period:	: 2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SYSTEM ID# 33793
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	8 43
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 KRISTI HILBRANDS Telephone 320-8 Address 1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number)	47-7104
	WILLMAR, MN 56201 (City, town, state, zip) Email kristih@hcinet.net Fax (optional 320-847-7123	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the 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 contained herein 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)] 	
	X /s/ Bruce Hanson Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: BRUCE HANSON Title: TREASURER (Title of official position held in corporation or partnership)	
	Date: 08/23/2022	

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.

unting Period: 2022/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
RANDALL CABLE SYSTEMS INC	3379
 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? NO YES. 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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	0
Tor an explanation of interest assessment, see page (vin) of the general instructions located in the paper of the z form.	~
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen

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.

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd	Initials		
		Date of remittance		□FILING FEES		
Cable ID #				Amount Initials		
Examined by	Reviewed by	Date examination completed	Allocation number			
Space A Accounting Period						
	□ January 1 - June 30, 2017]July 1 - December 31, 2017			
			Information received			
			Phone call/Date/Contact			
Space B Owner						
	Letter sent		Information received			
			Phone call/Date/Contact			
Space D Area Served						
	Letter sent		Information received			
	Accepted		Phone call/Date/Contact			
Space E Secondary Transission						
Service Subscribers:	Letter sent		□Information received			
and Rates	Accepted]Phone call/Date/Contact			
Space G Primary Transmitters:						
Television	Letter sent		Information received			
	Accepted		Phone call/Date/Contact			
Space H Primary Transmitters:						
Radio			Phone call/Date/Contact			

		Space I Substitute Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑Letter sent	□Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'I fee received	
Accepted	Phone call/Date/Contact	