This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

## SA1-2E Short Form

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

in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED B	Y THIS STATEMENT: (YYYY	/(Period))	
		2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		E	Barcode Data Filing Period (optional - se	e instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpor		of another corporation, give the full corpor	ate title of
Owner		List any other name or names under which t	the owner conducts the business of the ca	ble system.	
		If there were different owners during the ac statement of account and royalty fee payme		st day of the accounting period should subn	nit a single
		Check here if this is the system's first filing.	If not, enter the system's ID number assign	ned by the Licensing Division.	3847
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		SJOBERGS CABLEVISION INC			
		BUSINESS NAME(S) OF OWNER OF O	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF C	ABLE SYSTEM		
		315 MAIN AVE N (Number, street, rural route, apartment, or suite nur	mber)		
		THIEF RIVER FALLS, MN 56	701-1905		
	INCTO	(City, town, state, zip)	es or trade names used to identify	the husiness and operation of the o	vetem unless these
С		s already appear in space B. In line 2,			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nur	mber)		
		(City, town, state, zip code)			
Privacy Act Notice	e: Section	111 of title 17 of the United States Code authority	orizes the Copyright Offce to collect the per	sonally identifying information (PII) requested	I on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

8/16/2022

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyinght 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	SJOBERGS CABLEVISION INC	3847
D	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorpora- unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ted communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	THIEF RIVER FALLS	MN
Community		
d Rows as Necessary		
I ROWS as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	SJOBERGS CABLEVISI							0.0	384
	COODERCO CADELVICI								
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmissi	•		-					
Secondary	about other services (including p								
Transmission	last day of the accounting period	d (June 30 or De	cember 31,	as the case	may be	).		Ū	
Service: Sub-	Number of Subscribers: Both						,	,	
scribers and Rates	down by categories of secondar each category by counting the n								
	separately for the particular serv	vice at the rate in	ndicated-no	ot the numbe	er of set	s receiving se	rvice).	Ū	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc	· ·	,		standar	d rate variatio	ns within a	particular rate	
	Block 1: In the left-hand block				s of sec	ondary transm	ission servi	ce that cable	
	systems most commonly provid							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca					•			
	first set" and would be counted of								
	<b>Block 2:</b> If your cable system printed in block 1 (for example, the system)	0		-					
	with the number of subscribers a					,	,,	, 0	
	sufficient.	,	5			I			
	BLO	DCK 1					BLOC		r
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEF	RS R	ATE	CATE	GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	0000011021			0,112				
	<ul> <li>Service to first set</li> </ul>	2,	,060	37.23					
	<ul> <li>Service to additional set(s)</li> </ul>	N/A		N/C					
	<ul> <li>FM radio (if separate rate)</li> </ul>	N/A							
	Motel, hotel		9	37.23					
	Commercial	N/A							
	Converter	N/A							
	Residential	N/A							
	Non-residential	N/A							
	SERVICES OTHER THAN SEC							·	
-	In General: Space F calls for ra				ect to al	l your cable sy	/stem's serv	vices that were	
F	not covered in space E, that is,						-		
Services	service for a single fee. There a furnished at cost or (2) services	•		•			0 (	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				-		0	
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha		•					were not	
Rales	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip								
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE		CATEGORY	OF SERVIC	E	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	1	nstallation:	Non-reside	ntial				
	• Pay cable		• Motel, ho	tel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		Commerce	cial					
	Fire protection		<ul> <li>Pay cable</li> </ul>	Э					
	<ul> <li>Burglar protection</li> </ul>			e-add'l chan	nel				
	Installation: Residential		• Fire prote						
	• First set		• Burglar p						
	Additional set(s)		Other servic						
	• FM radio (if separate rate)		• Reconne						
	Converter		Disconne						
			Outlet rel	ocation new address					

counting Period:	LEGAL NAME OF OWNER O	E CARLE SYSTEM		SYSTEM ID#
Name	SJOBERGS CABLEV			3847
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter	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	(1) stations carried only on a part-tine carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ble Special Statement and Program L I 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 indepen-	me basis under ims [sections ions carried on a ostitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M"
	For the meaning of these te <b>Column 4:</b> Give the location	erms, see page (iv) of the general instru on of each station. For U.S. stations, list dian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station i	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КХЈВ	4	N	FARGO/VALLEY CITY, ND
	КСРМ	5	<u> </u>	GRAND FORKS, ND
s as Necessary	WDAZ	8	N	DEVILS LAKE, ND
	СВЖТ	12	Ι	WINNIPEG, MANITOBA
	KGFE	2	Е	GRAND FORKS, ND
	ктні	11	N	FARGO/GRAND FORKS, ND
	KVRR	10	I	THIEF RIVER FALLS, MN

LEGAL NAME OF	OWNER OF	CABLE S	YSTEM:					SYSTEM ID
SJOBERGS	CABLEVIS	ION IN	С					384
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati	y the sys be recei at the Co sign of e he statio ion's sign	I-Band FM Carriage: Under C tem whenever it is received at ved 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 he system's FM ante his point, see pag	adend, and (2 nna, during ce ge (v) of the ge	) it can b ertain sta eneral in	be expected, ated intervals. Istructions in the.	Primary Transmitters: Radio
Column 4: G	ive the station	n's locatio	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	
		I						

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF (		EM:					SYSTEM ID#
Name	SJOBERGS CABLEVIS	SION INC						3847
Substitute	substitute basis during the ad	fy every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or a	uthorizations.	For a further
Carriage:					general mede			
Special					is, any nonnel	twork telev	vision prograr	n
In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SAT <b>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</b>	× NO							
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	
	log in block 2.							
	clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program	ce, please a of every nor distant stati gulations, o ies like "mo Bulls." n was broad sign of the s dicast statio th and day re "5/7." as when the Example: a er "R" if the and regulatio ming that y	add additional i nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ins, if any, the o when your syst substitute pro program carri- listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen- table." List specific program r "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") that d for the prog eral instruction n titles, for ex- No." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that y ; enter the let	it, during th ramming o ns for furth ample, "I L nsed by th httified). numerals List the tin 8:30 p.m. our system ter "P" if th	he accounting of another state ier informatio love Lucy" or he FCC or, in , with the mo mes accurate should be in was <i>require</i> he listed prog	g ntion n. nth ely ed
					7. REASON FOR			
	1. TITLE OF PROGRAM			4. STATION'S LOCATION		-		DELETION
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
					1		_	
							_	
								+

Accounting Period:	2022/1			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC			1	SYSTEM ID# 3847
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanati 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 re	system's se ion of how to	condary transmi compute this a	ssion service mount, see \$ 4	
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 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	but less that	in \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 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 yo	u must pay for th	is 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 I	ines 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but mo	ore than \$137,1	00)	
	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	445,533.47		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	181,733.47		
	4. Multiply line 3 by .01		\$	1,817.33	
	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 .		\$	3,136.33
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)			3,136.33	
	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			\$	3,156.33
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER					SYSTEM ID# 3847
M Channels	to its subscribers, and 1. Enter the total num system carried tele	d (2) the cable system's	total num h the cab s	ls on which the cable system carried te ber of activated channels during the ac	counting period.	7
		system carried televisio services .		ast stations		180
N Individual to Be Contacted		CONTACTED IF FURTH t this statement of accou		PRMATION IS NEEDED (Identify an inc	lividual to whom	
for Further Information	Name Ric	hard J Sjoberg			Telephone 218	3-681-3044
	(Num Thi	5 Main Ave N nber, street, rural route, apartr ief River Falls, MN town, state, zip)		ie number)		
	Email	rsjoberg@mnca	ble.net		Fax (optional 218-681-6801	
	CERTIFICATION (This	statement of account mu	ist be cer	tified and signed in accordance with Co	opyright Office regulations)	
O Certification	(Owner othe	wner other than corpora	artnershi tion or pa	<i>y one</i> , of the boxes.) <b>p)</b> I am the owner of the cable system as <b>artnership)</b> I am the duly authorized age not a corporation or partnership; or		n as identified
	X (Officer or )			ation) or a partner (if a partnership) of the	e legal entity identified as owner of	the cable system
	I have examined the st	tatement of account and h d correct to the best of m		clare under penalty of law that all stateme ge, information, and belief, and are made		
				/s/ Richard J Sjoberg		
				electronic signature on the line above to control of the signature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name:	Richard J Sjoberg		
		Title: (Tit	Presic le of official	lent position held in corporation or partnership)		
		Date:			07/25/2022	

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-	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DBERGS CABLEVISION INC	3847
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Address	
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	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessment

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