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						
8/15/22	\$ 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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
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
		Midcontinent Communications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 5040 (Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040 (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 is 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:
	1	Ely, MN
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040 (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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name	Midcontinent Communications	39
	Instructions: List each separate community served by the cable system. A "	
_	"a separate and distinct community or municipal entity (including unincorp	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t	
	as the "first community." Please use it as the first community on all future	
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area	identified city.	i mobile nome parks should be reported in parentileses below the
Served	incontinued city.	
	CITY OR TOWN	STATE
Fire	Ely	MN
First Community		MN
Community	Babbitt	
	Breitung Township	MN
Rows as Necessary	Tower	MN
	Winton	MN
	100000000000000000000000000000000000000	

Accounting Period: 2022/1

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	896	26.95	Business Accounts	29	26.95	
 Service to additional set(s) 			High Def Converter	524	3.00	
 FM radio (if separate rate) 			Nursing Homes	141	9.00	
Motel, hotel	115	9.00	Hospitals	36	5.67	
Commercial	195	73.95				
Converter	554	3.00				
 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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	16.00	Motel, hotel	499.00	Cinemax	16.00
 Pay cable—add'l channel 		Commercial	499.00	Digital 1	10.00
Fire protection		Pay cable		Showtime	16.00
Burglar protection		 Pay cable-add'l channel 		Starz!&Encore	16.00
Installation: Residential		 Fire protection 		TMC	16.00
• First set	25.00	 Burglar protection 		Dig Sports & Variety	9.00
 Additional set(s) 	25.00	Other services:			
 FM radio (if separate rate) 		 Reconnect 	75.00		
Converter		Disconnect	-		
		 Outlet relocation 	25.00		
		 Move to new address 	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3998

Midcontinent Communications

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
KBJR-DT	19	N	SUPERIOR, WI (NBC)
KBJR-DT2	19.2	N-M	SUPERIOR, WI (CBS)
KBJR-DT3	19.3	I-M	SUPERIOR, WI (MNT/HEROES)
KDLH-DT	33	l	DULUTH, MN (CW)
KQDS-DT	18	l	DULUTH, MN (FOX)
KQDS-DT2	18.2	I-M	DULUTH, MN (ANTENNA)
WDIO-DT	10	N	DULUTH, MN (ABC)
WDIO-DT2	10.2	I-M	DULUTH, MN (ME TV)
WDSE-DT	8	E	DULUTH, MN (PBS)
WDSE-DT3	8.3	E-M	DULUTH, MN (PBS CREATE HD)
WDSE-DT2	8.2	E-M	DULUTH, MN (PBS EXPLORE HD)
WDSE-DT5	8.5	E-M	DULUTH, MN (PBS MN CHL)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications

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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Atime David	-d. 2022 /4								FOR	M 0 A 4 0 E D A 0 E 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Midcontinent Commu									3998
1	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a	tify every no accounting p	nnetwork telev period, under sp	<i>isior</i> pecit	n program, broadcast by fic present and former Fo	a <i>distant</i> sta CC rules, reg	gulations	, or a	uthorizatio	ns. For a further
Substitute	explanation of the programm					ne general in	struction	s in th	ne paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	_			-					
Statement and	During the accounting per	•	ur cable systei	m ca	arry, on a substitute bas	sis, any non	network	telev		
Program Log	broadcast by a distant sta	ation?							YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age	blank. If your answer is	"Yes," you	must co	mplet	e the pro	gram
	log in block 2.									
	2. LOG OF SUBSTITUT In General: List each subs			rate	line. Use abbreviations	: wherever r	nesible	if the	ir meanin	n is
	clear. If you need more sp					, wholever b	ossibic,	ii tiic	ii iiicaiiiii	y 13
	Column 1: Give the title									
	period, was broadcast by a under certain FCC rules, re		,		•		•	•		
	Do not use general catego	ries like "mo								
	"NBA Basketball: 76ers vs Column 2: If the progra		ideast live ent	or "	Ves " Otherwise enter "	No."				
	Column 3: Give the call									
	Column 4: Give the bro								FCC or,	in
	the case of Mexican or Ca Column 5: Give the mo								with the r	month
	first. Example: for May 7 g	ive "5/7."	, ,					•		
	Column 6: State the time to the nearest five minutes									ately
	stated as "6:00–6:30 p.m."		a program car	neu	by a system nom 6.0 r	. 15 p.111. to	0.20.30	ρ.π. ε	noula be	
	Column 7: Enter the let	ter "R" if the								
	to delete under FCC rules was substituted for program									ogram
	effect on October 19, 1976	•	your system w	ias į	permitted to delete und	ci i oo iule	3 and 10	guiati	0113 111	
						T				
		HRSTITLIT	E PROGRAM	1			EN SUB IAGE O			7. REASON FOR
		1	3. STATION'S	1		5. MONTH	1	6. TIM		DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN		STATION'S LOCATION	AND DAY	FROM	1 —	ТО	
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counting Period:	022/1				FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications				S	YSTEM II 399
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this all amounts (gross receipts) paid to your (as identified in space E) during the accordance.	cable system by subscribers for the ounting period. For a further explana	system's	secondary transn	nission service	
	page (vii) of the general instructions loca Gross receipts from subscribers for during the accounting period	secondary transmission service(s)			\$ 17	0,011.55
	IMPORTANT: You must complete a state	ement in space P concerning gross	receipts.		(Amount of gr	oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE nstructions: To compute the royalty fee y Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receip Use block 2 if the amount of gross receip Use block 3 if the amount of gross receip Gee page (vi) of the general instructions loca	ots in space K is \$137,100 or less ots in space K is more than \$137,100 ots in space K is more than \$263,800	0 but less t	han \$527,600	5263,800	
	BLC	OCK 1: GROSS RECEIPTS OF \$1	37,100 OF	RLESS		
	Instructions: As a cable system with gross accounting period is \$52.00	receipts of \$137,100 or less, the roya	alty fee that	you must pay for	this six-mon	
	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	lines 1 and	12	<u></u>	
	BLOCK 2: GROS	S RECEIPTS OF \$263,800 OR LI	ESS (but n	nore than \$137,	100)	
	1. Base amount under statutory formula		. \$	263,800.00	_	
	2. Enter amount of gross receipts from spa	ace K	\$	170,011.55	=	
	3. Subtract line 2 from line 1		\$	93,788.45	_	
	4. Enter the amount of gross receipts from	space K		\$	170,011.55	
	5. Enter the amount from line 3			\$	93,788.45	
	6. Subtract line 5 from line 4			\$	76,223.10	
	7. Multiply line 6 by .005 (enter figure here	.)			\$	381.12
	8. Interest charge. Enter the amount from	line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FO	R ACCOUNTING PERIOD. Add lines	3 7 and 8		\$	381.12
	BLOCK 3: GROSS	RECEIPTS OF MORE THAN \$20	63,800 (bu	it less than \$527	7,600)	
	Enter the amount of gross receipts from	space K				
	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 gro	ss receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from					
	7. TOTAL ROYALTY FEE PAYABLE FO	R ACCOUNTING PERIOD. Add lines	s 4, 5, and 6	3		
	FILING F	EE AND TOTAL REMITTANCE D	UE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Per	riod (from Block 1, 2, or 3, above)		\$	381.12	
Due	2. Filing Fee (See the instructions for more	e information on filing fee calculations	s)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUN	TING PERIOD. Add lines 2 and 3.			\$	401.12

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN Midcontinent Com	ER OF CABLE SYSTEM: Imunications		SYSTEM ID# 3998
M Channels	to its subscribers, an Enter the total nun system carried telev Enter the total nun on which the cable	d (2) the cable system's to	proadcast stations	12 321
N Individual to Be Contacted	we can contact abou	t this statement of account		
for Further Information	Address 36	achel Meyer 600 Minnesota Drive mber, street, rural route, apartir dina, MN 55435	∍, STE 700	elephone 952-844-2655
		rachel.meyer@r	nidco.com Fax (optional)	
O Certification	I, the undersigned, h (Owner oth (Agent of o in line 2) X (Officer or in line 2) I have examined the	her than corporation or particles of space B and that the out of space B. Statement of account and I ad correct to the best of my 001(1986)] Typed or printed Title:	ist be certified and signed in accordance with Copyright Office regime, but only one, of the boxes.) artnership) I am the owner of the cable system as identified in line 1 tion or partnership) I am the duly authorized agent of the owner of the ware is not a corporation or partnership; or fa corporation) or a partner (if a partnership) of the legal entity identified thereby declare under penalty of law that all statements of fact contains knowledge, information, and belief, and are made in good faith. X /s/ Rachel Meyer Enter an electronic signature on the line above to certify this statement Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Rachel Meyer Director of Programming ficial position held in corporation or partnership)	of space B; or the cable system as identified fied as owner of the cable system ned herein
		Date:	8/12/2022	

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Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 3998 **Midcontinent Communications** 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ 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. **Interest Assessment** davs 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 * 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@loc.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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