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						
8/9/2022	\$ ALLOCATION NUMBER	F C C				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING 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										
		ProVision LLC										
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)										
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM										
		PO Box 1728										
		(Number, street, rural route, apartment, or suite number) Minot, ND 58702										
		(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 as 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	(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 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 filing, a determination that would be made by a court of law.

Accounting Period:	2022/1								
Accounting remou.	2022/1	FORM SA1-2E. PAGE 1b.							
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	ProVision LLC	61647							
D	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser	nmunities within unincorporated areas and including single, discrete							
	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 identified							
Area Served	city.								
	CITY OR TOWN	STATE							
First	Altoona	IA							
Community	(Oakland Pointe)								
	(Spruce Pointe)								
Add Rows as Necessary	(Altoona Towers)								
	Urbandale	IA IA							
	(Cross Creek)								
	Grimes (Oak Crossing)	IA							
	(Oak Grossing)								

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ProVision LLC

SYSTEM ID# 61647

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	7	18.95	Service to first set	6	72.95	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	460	8.95				
Converter						
Residential						
Non-residential						
	[····	r		l		

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	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	49.95	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	27.50		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

ProVision LLC SYSTEM ID#
61647

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WOI 5 Ν Ames, IA **KDSM** 17 ı Des Moines, IA **KCCI** 8 N Des Moines, IA **KFPX** 39 ı Newton, IA **KDIN** 11 Ε Des Moines, IA WHO 13 Ν Des Moines, IA **KCWI** 23 ı Ames, IA

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ProVision LLC 61647

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
			ļ				
		 	ļ				
			ļ				
	T	l	[

U.S. Copyright Office

A	1 2022/4						505			
Accounting Perio	d: 2022/1 LEGAL NAME OF OWNER OF (CABLE SYST	FM·				FOR	SYSTEM ID#		
Name	ProVision LLC	OABLE OTO	LIVI.					61647		
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ad explanation of the programmi	fy every non	network televis eriod, under spe	ion program, broadcast by ecific present and former F	a <i>distant</i> stati CC rules, regu	lations, or a	uthorizations	. For a further		
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting period, did your cable system carry on a substitute basis, any nonnetwork television program.									
Statement and										
Program Log	broadcast by a distant stat	ion?					YES	NO		
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is									
	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 period, was broadcast by a under certain FCC rules, reç	distant stati gulations, o	ion and that yo r authorization	our cable system substitutes. See page (v) of the ger	ed for the proneral instruction	gramming one for the formal gradual gr Gradual gradual gradua	of another st ner informatio	ation on.		
	Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program	Bulls."				kample, "I L	Love Lucy" o	r		
	Column 3: Give the call s Column 4: Give the broa the case of Mexican or Cana	sign of the s dcast statio	station broadca on's location (th	asting the substitute progr ne community to which the	am. e station is lic		ne FCC or, in	1		
	Column 5: Give the mon first. Example: for May 7 giv	th and day		,		,	s, with the mo	onth		
	Column 6: State the time to the nearest five minutes.							ely		
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progr	amming that	vour syster	n was <i>requir</i>	ed		
	to delete under FCC rules a				-					
	was substituted for program	ming that y	our system wa	as permitted to delete und	er FCC rules	and regula	tions in			
	effect on October 19, 1976.									
	c	LIDOTITLIT	E PROGRAM			EN SUBST		7. REASON FOR		
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
							_			
							_			
										
					-					
							_			
							_			
							_			
										
							_			
							_			
		L			-					
					-			-		
							_			
							_			
					-					

Accounting Period:	2022/1 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ProVision LLC SYSTEM ID# 61647
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. \$27,823.71 IMPORTANT: You must complete a statement in space P concerning gross receipts.
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800. Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 this six-month accounting period is \$52.00. Line 1. Royalty fee for accounting period
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	1. Base amount under statutory formula
	7. Multiply line 6 by .005 (enter figure here)
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)
	EET Troop # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2022/1								FORM	M SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:								SYSTEM ID# 61647
M Channels	CHANNELS Instructions: You must to its subscribers, and (2 1. Enter the total number system carried televis 2. Enter the total number on which the cable system and nonbroadcast seri	2) the cable system's r of channels on which ion broadcast station r of activated channels stem carried television	total nunch the cans	mber of actival	ted channels du	iring the a	accounting period.	tions	7 30	
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi			FORMATION IS	S NEEDED (Ide	entify an ir	ndividual			
for Further Information		lda Koble ox 1728					Teleph	none 701 83	8-5776	
	Minot	street, rural route, apart t, ND 58702 vn, state, zip)	ment, or su	uite number)						
	Email	doneldak@visio	onsysten	ms.tv			Fax (optional			
O Certification	(Agent of owne in line 1 o	y certify that (Check of than corporation or per other than corporation for space B and that the there) I am an officer (of space B.	partnersh ation or p the owner is if a corpo hereby de the owner is Enter an Enter sig	partnership) I am the over partnership) I am the over partnership) I is not a corporation) or a partnership	where of the cable am the duly authoration or partnersh renalty of law that on, and belief, and Whitty wature on the line and "/s/ signature" (e system a corized ago hip; or rship) of the all staten d are made	ent of the owner of the cannel legal entity identified an ents of fact contained he in good faith.	ace B; or able system as		
		Title:	Partnottle of official	er	n corporation or part	tnership)				
		Date:					8-9-22			

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 filing, 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#
oVision LLC	61647
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?	P Special Statement Concerning Gross Receipts Exclusion
NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u> s
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	<u>-</u>
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	

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 filing, a determination that would be made by a court of law.