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	coplics			
8/9/2022	\$ ALLOCATION NUMBER	For addi contact Office Li (202) 70			

Return completed workbook by

#### 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	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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)								
1	(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								
		FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	ProVision LLC	61978							
_	Instructions: List each separate community served by the cable system. A "com-								
D	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 fillings.								
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identification of								
Area Served	city.								
	CITY OR TOWN	STATE							
First Community	West Des Moines (Sun Prairie)	IA IA							
Community	(Sun France) (Vista Court)								
Add Rows as Necessary	(Vista Court)								
Add Rows as Necessary									

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**ProVision LLC** 

SYSTEM ID# 61978

# 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:							
<ul> <li>Service to first set</li> </ul>	3	18.95	Service to first set	5	72.95		
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	957	8.95					
Converter							
Residential							
Non-residential							
		1		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	RATE	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. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61978

**ProVision LLC** 

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

5	N	Ames, IA
17	l	Des Moines, IA
8	N	Des Moines, IA
39	l	Newton, IA
11	E	Des Moines, IA
13	N	Des Moines, IA
23	I	Ames, IA
	17 8 39 11 13	17 I 8 N 39 I 11 E 13 N

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ProVision LLC 61978

#### 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 CICK		0.0	LOCATION OF STATION	П	CALL CION	AN4	0.5	LOCATION OF STATION
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Н	CALL SIGN	AM or FM	S/D	LUCATION OF STATION
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Accounting Perio		04 PL F 0 V03						FOR	M SA1-2E. PAGE 5.	
Name	Provision LLC	CABLE SYS	EM:						SYSTEM ID#	
	Provision LLC								61978	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG						
I		_	_		a <i>distant</i> statio	n that vo	ır cab	le syster	n carried on a	
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this loguescepage (v) of the general instructions in the paper SA1-2 form									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and										
Program Log	broadcast by a distant stat	tion?					,	YES	× NO	
	Note: If your answer is "No	ete the	e progra	m						
	log in block 2.									
	2. LOG OF SUBSTITUTE		_							
	In General: List each substiclear. If you need more spa				wherever pos	sible, if th	eir me	eaning is	6	
				ision program ("substitute	program") tha	it, during t	he ac	counting	a	
	period, was broadcast by a									
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.		vies oi baske	tball. List specific program	ii lilles, ioi ex	апіріе, т	LOVE I	Lucy of		
			,	r "Yes." Otherwise enter "N						
	I .	•		asting the substitute progra ne community to which the		ncod by t	20 EC	°C or in		
	the case of Mexican or Can		•	•		•	ie ro	C OI, III		
	II.			tem carried the substitute		,	s, with	the mo	nth	
	first. Example: for May 7 giv		a chatituta mua			list the t			.lv.	
	to the nearest five minutes.		•	gram was carried by your ied by a system from 6:01:	•				ily	
	stated as "6:00-6:30 p.m."	·		, ,	·	·				
	to delete under FCC rules a			was substituted for progra		-		-		
	was substituted for program	•		0 0.					alli	
	effect on October 19, 1976.	,	,	•		Ü				
					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N SUBS				
	S	SUBSTITUT	E PROGRAM	1		AGE OC			7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES		DELETION	
	1. 11122 01 11100101111	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	_	TO		
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Accounting Period:	<b>2022/1</b> FORM SA1-2E.	PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  ProVision LLC  SYSTE	EM ID# 61978
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.  \$ 52,821  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 \$263,800 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	.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	.00_
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	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)	
		.00
	C. Incocci charge. Enter the university of the capacity of the	<u></u>
	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)	
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	.00
	EFT Trace # or TRANSACTION ID # 2717L5LU	
	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 SA1-2E. PA	AGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM:					SYSTEM 61	м ID# 1 <b>97</b> 8
M Channels	to its subscriber  1. Enter the total system carrie  2. Enter the total on which the	ou must give (1) the number s, and (2) the cable system's all number of channels on white delevision broadcast station all number of activated channels able system carried television deast services	total num ch the cat ns	nber of activated control ble	hannels during the a		30	
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accor		ORMATION IS NE	EDED (Identify an i			
for Further Information	Name Address	PO Box 1728				Telephone	701 838-5776	
		(Number, street, rural route, apart  Minot, ND 58702 (City, town, state, zip)	ment, or su	uite number)				
	Email	doneldak@visio	onsystem	ns.tv		Fax (optional		
O Certification	I, the undersigned (Owned)      (Agent)      X (Office)      I have examined	of owner other than corporation line 1 of space B and that the or or partner) I am an officer (in line 1 of space B.  the statement of account and te, and correct to the best of management of the statement of t	partnershi ation or p te owner is if a corpor thereby de the	partnership) I am the owner of the boxe of the owner ownership) I am the sector of a partner ownership or a partner eclare under penalty dge, information, are	es.)  of the cable system and the duly authorized agone partnership; or the different form of the different fo	as identified in line 1 of space B gent of the owner of the cable sy the legal entity identified as own ments of fact contained herein de in good faith.	rstem as identified	
		Typed or printed	Partne					
		(Ti	tle of officia	al position held in corpo	oration or partnership)	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.

counting Period: 2022/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
roVision LLC	61978
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."	P Special Statement 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?  NO  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	-
* 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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