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					
0/0/0000	\$	F				
8/9/2022	ALLOCATION NUMBER	(2				

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	INSTRUCTIONS: 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:										
	(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/ 2	FORM SA1-2E. PAGE 1b.									
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name	ProVision LLC	61986									
D	Instructions: List each separate community served by the cable system. A "cor separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings.	d communities within unincorporated areas and including single, discrete									
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.										
Served											
	CITY OR TOWN	STATE									
First	Des Moines	IA									
Community	(Weston)										
Add Dame or November	(Pleasant Court) (Grays Lake)										
Add Rows as Necessary	(Plymouth Place)										

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ProVision LLC

SYSTEM ID# 61986

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 	8	18.95	Service to first set	11	72.95	
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	316	3.50	Commercial	131	10.00	
Converter						
 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		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. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61986 ProVision LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

Add Rows as Necessary

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

61986

ProVision LLC

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

FORM SA1-2E. PAGE 4.

Primary Transmitters: Radio

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.

- 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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Accounting Perio	d: 2022/1 LEGAL NAME OF OWNER OF	CADLE CVCT	TEM.				FOR	M SA1-2E. PAGE 5.		
Name	Provision LLC	CABLE 3131	LIVI.					SYSTEM ID# 61986		
	FIOVISION LLC							01300		
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non ecounting pe ng that mus	network televis eriod, under spe t be included in	ion program, broadcast by ecific present and former FC this log, see page (v) of th	a <i>distant</i> sta CC rules, regu	ılations, or a	authorizations	. For a further		
Special Statement and	and During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log										
	2. LOG OF SUBSTITUTE PROGRAMS									
	In General: List each substiclear. If you need more space				wherever po	ossible, if th	ieir meaning i	IS		
	Column 1: Give the title operiod, was broadcast by a	•		. • •	,			•		
	under certain FCC rules, req	gulations, o	r authorizations	s. See page (v) of the ger	neral instructi	ons for furtl	her informatio	on.		
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progra	m titles, for e	xample, "I	Love Lucy" or	ſ		
	Column 2: If the program Column 3: Give the call s									
	Column 4: Give the broa	dcast static	n's location (th	ne community to which the	e station is lic	•	he FCC or, in			
	the case of Mexican or Cana Column 5: Give the mon			•		,	s, with the mo	onth		
	first. Example: for May 7 giv		oubatituta pra	gram was sarried by your	· cable aveter	n Lietthet	imaa aagurat	oh		
	Column 6: State the time to the nearest five minutes.							егу		
	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	m was <i>requir</i> e	ed		
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	iring the accounting perio	d; enter the l	etter "P" if t	he listed prog			
	SUBSTITUTE PROGRAM					EN SUBST		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION		
							_			
							_			
							_			
							_			
							_			
							_			

Accounting Period:	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ProVision LLC 61986
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. \$ 24,020.64 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
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	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)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)
Total Remittance 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
	EFT Trace # or TRANSACTION ID # 2717L5LU
	<u>Important:</u> 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								FC	ORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF ProVision LLC	OF CABLE SYSTEM:								SYSTEM ID# 61986
M Channels	CHANNELS Instructions: You must to its subscribers, and (: 1. Enter the total number system carried television which the cable synand nonbroadcast see	2) the cable system's er of channels on which sion broadcast station er of activated channer ystem carried television	s total nur ch the ca ns	mber of activa	ted channels du	uring the a	accounting period.	ations	30	
N Individual to Be Contacted	INDIVIDUAL TO BE CO	nis statement of accou		FORMATION I	S NEEDED (Ide	entify an ir				
for Further Information	Address PO B	elda Koble Box 1728					Telep	ohone 701	838-5776	
	Mino	r, street, rural route, apart t, ND 58702 wn, state, zip)	tment, or su	uite number)						
	Email	doneldak@visio	onsysten	ms.tv			Fax (optional			
O Certification	(Agent of own in line 1	oy certify that (Check of than corporation or per other than corporation of space B and that the truer) I am an officer (of space B. The corporation of the corporat	partnersh ation or pare owner i (if a corpo	partnership) I am the over partnership) I is not a corporation) or a partnership when the corporation is not a corporation or a partnership when the corporation is not a corporation.	wher of the cable am the duly auth ation or partnersh rtner (if a partner	e system a norized ago hip; or rship) of th	es identified in line 1 of s ent of the owner of the o ne legal entity identified ments of fact contained i	pace B; or cable system as owner of		
							certify this statement. ohn Smith)	_		
		Typed or printed	d name:	Darla W	hitty					
		Title:	Partn itle of officia		n corporation or part	tnership)				
		Date:					8-9-22			

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
oVision LLC	61986
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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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