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					
08/04/2022	\$ 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 20221 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
B		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. 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.	63673
		Learning Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		ATV Holdings, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Mitchell Telecom	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1691 N Main St (Number, street, rural route, apartment, or suite number)	
		Mitchell SD 57301 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of a saready appear in space B. In line 2, give the mailing address or the system, it different from the address.	•
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rurar 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 form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

A	2022/4							
Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	ATV Holdings, LLC	63673						
	Instructions: List each separate community served by the cable system. A "community	y" is the same as a "community unit" as defined in FCC rules:						
D	"a separate and distinct community or municipal entity (including unincorporated comdiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, twill serve as a form of system identification hereafter known						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	Mitchell	SD						
Community								
Add Rows as Necessary								

Accounting Period: 2022/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63673 **ATV Holdings, LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε in General I ne information in space E snould cover all categories of secondary transmission service of the system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give info Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing **Transmission** last day of the accounting period (June 30 or December 31, as the case ma Number of Subscribers both blocks in space E call for the number of subscribers to the cable system, r Service: Subdown by categories of secondary transmission service. In general, you can compute the number of subsci scribers and each category by counting the number of billings in that category (the number of persons or organizations cl Rates separately for the particular service at the rate indicated—not the number of sets receiving se kate: Give the standard rate charged for each category of service. Include both the amount of the charge unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particu category, but do not include discounts allowed for advance pay BIOCK 1: In the left-hand block in space E, the form lists the categories of secondary transmission service tha systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed c tnat applies to your syster**νιοτe:** vvnere an inαινιαμαί or organization is receiving service tnat talls under αιπε categories, that person or entity should be counted as a subscriber in each applicable category. Example: a res subscriber who pays extra for cable service to additional sets would be included in the count under "Service" first set" and would be counted once again under "Service to additional se BIOCK 2: IT your capie system has rate categories for secondary transmission service that are different from printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, $\mathfrak t$ with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the se sufficient BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE SUBSCRIBERS CATEGORY OF SERVICE SUBSCRIBERS **RATE** Residential: 1,870 75.95 **Basic TV - Residential** 158 65.95 · Service to first set 5.00 Basic TV - Business 65.95 · Service to additional set(s 86 9 • FM radio (if separate rate) **Bulk TV** ##### Addl Set - Business 5.00 Motel, hotel 18 HD/DVR Set 75.95 624 14.00 Commercial 56 Upgrade HD/DVR Set ,887 9.00 Converter HD/DVR Set - Res 10.00 Residential 216 Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES in General Space - calls for rate (not subscriber) information with respect to all your cable system's services that F not covered in space E, that is, those services that are not offered in combination with any secondary transervice for a single fee. There are two exceptions: you do not need to give rate information concerning (1) s Services turnished at cost or (2) services or facilities turnished to nonsubscribers. Rate information should include bo Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-prograr Secondary enter only the letters "PP" in the rate colur **ΒΙΟCK** 1: Give the standard rate charged by the cable system for each of the applicable services . Transmissions BIOCK 2: LIST any services that your cable system turnished or offered during the accounting period that w Rates listed in block 1 and for which a separate charge was made or established. List these other services in the fo brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVIC RATE Continuing Services: Installation: Non-residentia PP Pav cable 16.95 · Motel, hotel 60.00 Pay per view · Pay cable—add'l channel 16.95 Commercial 60.00 Account Initiation 15.00 · Fire protection · Pay cable 60.00 Burglar protection · Pay cable-add'l channel Installation: Residential Fire protection

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

Burglar protection

· Move to new address

35.00

50.00

100 per hour

Other services:

Reconnect

DisconnectOutlet relocation

60.00

First set

Converter

Additional set(s)

• FM radio (if separate rate

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63673

ATV Holdings, 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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KELO - DT1	11.1	N	Sioux Falls, SD
KELO - DT2	11.2	N-M	Sioux Falls, SD
KELO - DT3	11.3	N-M	Sioux Falls, SD
KELO - DT4	11.4	N	Sioux Falls, SD
KELO - DT5	11.5	N-M	Sioux Falls, SD
KCSD - DT1	23.1	E	Sioux Falls, SD
KCSD - DT2	23.2	E-M	Sioux Falls, SD
KCSD - DT3	23.3	E-M	Sioux Falls, SD
KCSD - DT4	23.4	E	Sioux Falls, SD
KSFY - DT1	13.1	N	Sioux Falls, SD
KSFY - DT2	13.2	N-M	Sioux Falls, SD
KSFY - DT3	13.3	N	Sioux Falls, SD
KSFY - DT4	13.4	N-M	Sioux Falls, SD
KSFY - DT5	13.5	N-M	Sioux Falls, SD
KDLT - DT1	46.1	N	Sioux Falls, SD
KDLT - DT2	46.2	N	Sioux Falls, SD
KDLT - DT3	46.3	N	Sioux Falls, SD
KDLT - DT4	46.4	N	Sioux Falls, SD
KDLT - DT5	46.5	N-M	Sioux Falls, SD
KDLT - DT6	46.6	N-M	Sioux Falls, SD
KTTW - DT1	17.1	N-M	Sioux Falls, SD
KWSD - DT1	36.1	l	Sioux Falls, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ATV Holdings, LLC 63673

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

Accounting Perio	nd: 2022/1						FORM	1 SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF ATV Holdings, LLC	CABLE SYS	TEM:				7 ON	SYSTEM ID# 63673
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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 log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 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 clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Toers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "517." Column 6: State the times when the substitute program was carried by your cable system							
	to delete under FCC rules and regulations in effect during the accounting periowas substituted for programming that your system was permitted to delete undeffect on October 19, 1976. SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S				ler FCC rules and regulations in WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASOI			7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — — — — — — — — — — — — — — — — — — —	TO	

Accounting Period:	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ATV Holdings, LLC 63673
K Gross Receipts	GROSS RECEIPTS Instructions: I ne ligure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space –) during the accounting period. For a further explanation or now to compute this amount, page (vii) or the general instructions located in the paper SA1-2 for Gross receipts from subscribers for secondary transmission service; during the accounting period. \$ 286,541.20 [MPORTANT: You must complete a statement in space P concerning gross receipt
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete DIOCK 1, DIOCK 2 OF DIOCK 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or le: Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,8 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6 See page (vi) of the general instructions located in the paper SA1-2 form for more informati
	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-monl accounting period is \$52.0
	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)
	1. 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 \$ 1,546.41
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	Copyrights! See page i of the general instructions in the paper SA1-2 form for more information.

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	ATV Holdings, LLC	63673
		00070
	CHANNELS	
M	InstructionsYou must give (1) the number of channels on which the cable system carried television broadcast stations	
Channela	to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	
Channels	4 February Additional Company of the control of the	
	Enter the total number of channels on which the cable system carried television broadcast stations.	22
	system camed television in dadless stations	
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	
	and nonbroadcast services	241
	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED(Identify an individual to whom	
N	we can contact about this statement of account.)	
Individual to	The dail soliday about this statement of aboutine,	
Be Contacted		
for Further	Name Stacy Buckley Telephone	605-990-1105
Information		
	Address 1691 N Main St	
	(Number, street, rural route, apartment, or suite number)	
	Mitchell SD 57301	
	(City, town, state, zip)	
	Email stacy@mitchelltelecom.com Fax (optional) 605-990-10	10
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regi	
0		
Certification	• I, the undersigned, hereby certify that (Check dut only on, of the boxes	
	(Owner other than corporation or partnership) the owner of the cable system as identified in line 1 of spar	ce B; or
	(Agent of owner other than corporation or partnership) the duly authorized agent of the owner of the cable	system as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified	as owner of the cable system
	in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained.	ed herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1001(1986)]	
	X /s/ Scott Peper	
		1
	Enter an electronic signature on the line above to certify this statement.	
	Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed new Scott Bones	
	Typed or printed nam Scott Peper	
	Title: General Manager	
	(Title of official position held in corporation or partnership)	
	Date: 8-3-2022	

form in order to process your statement of account. Pll is any personal information that can be used to identify or trace an individual, such as name, address numbers. By providing Pll, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public in search reports prepared for the public. The effect of not providing the Pll requested is that it may delay processing of your statement of account and its pli completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a c

U.S. Copyright Office

counting Period: 2022/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TV Holdings, LLC	63673
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.	Receipts Exclusion
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 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	
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@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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