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						
08/12/2022	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (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
	WIKSTROM SYSTEMS LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 217 (Number, street, rural route, apartment, or suite number)
	KARLSTAD, MN 56732 (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 Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/1								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#							
	WIKSTROM SYSTEMS LLC 6872								
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a 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 filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	ile home parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First Community	LANCASTER	MN							
Add Rows as Necessary									

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6872

WIKSTROM SYSTEMS LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	94	87.99	ECONOMY BASIC	13	35.99
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	\$12	Motel, hotel			
 Pay cable—add'l channel 		Commercial	20.00		
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	20.00	Burglar protection			
Additional set(s)	15.00	Other services:			
• FM radio (if separate rate)		Reconnect	10.00		
Converter		Disconnect			
		Outlet relocation	15.00		
		Move to new address	10.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

6872

WIKSTROM SYSTEMS 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
KGFE	2	E	GRAND FORKS, ND
KXJB	4	N	VALLEY CITY, ND
WDAZ	8	N	GRAND FORKS, ND
WTBS	9	1	ATLANTA, GA
KBRR	10	N	THIEF RIVER FALLS, MN
KVLY	11		FARGO, ND
CBWT	12		WINNIPEG, MB, CANADA
WGNA	23	l	CHICAGO, IL
		•	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WIKSTROM SYSTEMS LLC

6872

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
KNOX	FM		GRAND FORKS, ND				
KQHT	FM		GRAND FORKS, ND				
KYCK	FM		GRAND FORKS, ND				
KKXL	FM		GRAND FORKS, ND				
KXPO	FM		GRAFTON, ND				
KJ108	FM		GRAND FORKS, ND				
KSNR	FM		THIEF RIVER FALLS, MN				
KQ92	FM		WARROAD, MN				
KFJM	FM		UND CAMPUS, GF, ND				
KFNW	FM		FARGO, ND				
KQWB	FM		FARGO, ND				
KSRQ	FM		THIEF RIVER FALLS, MN				
KOOL	FM		FARGO, ND				
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Accounting Perio	od: 2022/1						FOI	RM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF WIKSTROM SYSTEMS		STEM:					SYSTEM ID#		
	WINSTRUM STSTEMS	S LLC						6872		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
ı	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth									
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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant sta	ition?					YES	× NO		
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	"Yes," you r	nust com	plete the pro	ogram		
	log in block 2.									
	2. LOG OF SUBSTITUT In General: List each subs			rate line. Use abbreviations	wherever po	ossible. if	their meani	na is		
	clear. If you need more spa	ace, please	add additiona	I rows to the tables.	·			-		
	period, was broadcast by a			vision program ("substitute our cable system substitut						
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ger	neral instructi	ions for fu	urther inform	nation.		
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "basł	ketball." List specific progra	m titles, for e	example,	"I Love Lucy	<i>ı</i> " or		
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter "						
				casting the substitute progr the community to which the		censed by	v the FCC o	r. in		
	the case of Mexican or Ca	nadian stati	ons, if any, the	e community with which the	station is id	entified).	•			
	Column 5: Give the mo first. Example: for May 7 gi	,	when your sy	stem carried the substitute	program. Us	se numer	als, with the	month		
	Column 6: State the time	es when th		ogram was carried by your						
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.	m. should b	е		
	Column 7: Enter the let			m was substituted for progr						
	to delete under FCC rules was substituted for program							orogram		
	effect on October 19, 1976	•	your oyotom t	rao pormittoa to aoioto ana	0. 1 00 14.00	and rog				
					WHEN SUBSTITUTE					
	S	UBSTITUT	E PROGRAN	1			CURRED	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		
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROIVI	_ 10			
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: WIKSTROM SYSTEMS LLC	31	STEM 68
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form	nission service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$ 52	,433.58
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	•
L 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	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 the accounting period is \$52.00	nis six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	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		0.00
	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		
	Enter the amount of gross receipts from space K Base amount under statutory formula \$ 263,800.00		
	2. Base amount under statutory formula		
	2. Base amount under statutory formula	1,319.00	
	2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1		
	2. Base amount under statutory formula	0.00	
	2. Base amount under statutory formula	0.00	
	2. Base amount under statutory formula	0.00	
otal Remittance	2. Base amount under statutory formula	0.00	
Filing Fee and otal Remittance Due	2. Base amount under statutory formula	0.00	
otal Remittance	2. Base amount under statutory formula	52.00	67.00
otal Remittance	2. Base amount under statutory formula	52.00 15.00	67.00

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:				SYSTEM ID# 6872
M Channels	to its subscribers. Enter the total system carried to the total on which the care.	, and (2) the cable system's to number of channels on which	tal number of a the cable	hich the cable system carried tel activated channels during the acc	counting period.	63
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account		ION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name	CARRIE KERN-TAGG	ART		Telephone	(218) 436-2121
	Address	PO BOX 217 (Number, street, rural route, apartm	ent, or suite numb	er)		
		(City, town, state, zip)	32			
	Email	CAK@WIKTEL.	COM		Fax (optional) 218-436-310	00
0	CERTIFICATION (This statement of account mu	st be certified a	and signed in accordance with C	opyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check or	ne,but only one	, of the boxes.)		
	(Owner	r other than corporation or pa	artnership) I am	n the owner of the cable system a	s identified in line 1 of space	B; or
		of owner other than corporatine 1 of space B and that the ov	•	ship) I am the duly authorized agorporation or partnership; or	ent of the owner of the cable	system as identified
		er or partner) I am an officer (if ine 1 of space B.	a corporation)	or a partner (if a partnership) of th	ne legal entity identified as ov	vner of the cable system
		e, and correct to the best of my		under penalty of law that all stater rmation, and belief, and are made		n
			X /s/	CARRIE KERN-TAGGAR	T	
				nic signature on the line above to c using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name: CA	RRIE KERN-TAGGART		
			CONTROL	LER n corporation or partnership)		
		Date:			08/12/2022	

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Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 6872 WIKSTROM SYSTEMS LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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

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ID number

First community served Accounting period