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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-	ary Transmissions by	DATE RECEIVED	AMOUNT	
General instr	ems (Short Form) uctions are located o of this workbook	2/7/23	\$ ALLOCATION NUMBER	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	ED BY THIS STATEMENT: (Y	YYY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner title of the subsidiary, not that of the		sidiary of another corporation, give the full	corporate
Owner	List any other name or names under v	which the owner conducts the business of	the cable system.	
	-	the accounting period, only the owner on Ity fee payment covering the entire accou	n the last day of the accounting period shou nting period.	ld submit a
l	Check here if this is the system's first	filing. If not, enter the system's ID numbe	r assigned by the Licensing Division.	20551
	LEGAL NAME OF OWNER/MAI	LING ADDRESS OF CABLE SYSTEM	Λ	
	SJOBERGS CABLEVISION INC			
	BUSINESS NAME(S) OF OWNER	R OF CABLE SYSTEM (IF DIFFEREN	Т)	

Number, street, rural route, apartment, or suite number)

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

Number, street, rural route, apartment, or suite number)

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

С

System

1

2

Form SA1-2E Short Form (Rev. 05-17)

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 sufficiency of the fling, a determination that would be made by a court of law.

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

THIEF RIVER FALLS MN 56701-1905

315 MAIN AVE N

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip)

City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	SJOBERGS CABLEVISION INC	20551					
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 knowr 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		home parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	BADGER	MN					
ommunity							
ws as Necessary							

								FORM SA1-	TEM IC		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC							313	2055		
	SJUDERUS CADLEVIS										
Е	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES						
E	In General: The information in s			-		•					
Secondary	system, that is, the retransmissi										
Transmission	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).										
Service: Sub-	Number of Subscribers: Bot	•									
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	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 of	charged for eac	ch catego	ory of service.	Include be	oth the amount o	of the char				
	unit in which it is generally billed					ard rate variatior	is within a	particular rate			
	category, but do not include disc					ondor <i>u</i> tronomi		ice that achie			
	Block 1: In the left-hand block systems most commonly provid	•		•							
	that applies to your system. No							0,			
	categories, that person or entity										
	subscriber who pays extra for ca						nder "Serv	ice to the			
	first set" and would be counted Block 2: If your cable system	0			· · ·		different	from those			
	printed in block 1 (for example,	-		•							
	with the number of subscribers	and rates, in th	e right-h	and block. A t	wo- or thre	ee-word descript	ion of the	service is			
	sufficient.	0.014.4			1		<b>B</b> I 0.01	( )			
	BL	OCK 1 NO. OF	:				BLOC	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		56	96.29							
	<ul> <li>Service to additional set(s)</li> </ul>	N/C									
	• FM radio (if separate rate)	N/A									
	Motel, hotel	N/A									
	Commercial		1	96.29							
	Converter	N/A									
	• Residential	N/A									
	Non-residential	N/A									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s						
-						all your cable sy	stem's ser	vices that were			
F	<b>In General:</b> 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										
Services	service for a single fee. There a furnished at cost or (2) services	•			0		• •	,			
Other Than											
Secondary	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.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	<b>Block 2:</b> 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.										
		BLO						BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT		
	Continuing Services:		Installa	tion: Non-res	idential						
	• Pay cable		• Mot	el, hotel							
	Pay cable—add'l channel		• Con	nmercial							
	Fire protection		• Pay	cable							
	•Burglar protection		• Pay	cable-add'l cl	nannel						
	Installation: Residential		• Fire	protection							
	• First set		• Bur	glar protection							
	<ul> <li>Additional set(s)</li> </ul>		Other s	ervices:							
	<ul> <li>FM radio (if separate rate)</li> </ul>		• Rec	connect							
	,										
	• Converter			connect							
	• Converter			connect let relocation							

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	SJOBERGS CABLEV			205
	PRIMARY TRANSMITTERS:			
G Primary Insmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progre (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAWE	9	E	BEMIDJI, MN
	КХЈВ	4	Ν	VALLEY CITY, ND
as Necessary	СВЖТ	6	I	WINNIPEG, MANITOBA
	WDAZ	8	N	DEVILS LAKE, ND
	ктні	11	N	FARGO, ND
	KBRR	17		THIEF RIVER FALLS, MN
		5	•	
	КСРМ	Ð	I	GRAND FORKS, ND
	КСРМ СКҮ	7	1	
				WINNIPEG, MANITOBA
	СКҮ	7	I E	
	СКҮ	7	I E	WINNIPEG, MANITOBA
	СКҮ	7	I E	WINNIPEG, MANITOBA
	СКҮ	7	I E	WINNIPEG, MANITOBA
	СКҮ	7	I E	WINNIPEG, MANITOBA
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	СКҮ	7		WINNIPEG, MANITOBA
	СКҮ	7		WINNIPEG, MANITOBA

SJOBERGS	CABLEVIS	ION IN	С					SYSTEM I 205
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						<b> </b>		
						<b> </b>		
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						<b> </b>		

Accounting Perio	LEGAL NAME OF OWNER OF	- CABLE SYST	IEM:					SYSTEM ID
Name	SJOBERGS CABLEVI							2055
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM L	OG			
	In General: In space I, ident	tify every non	nnetwork televi	<i>ision program,</i> broadcast	by a <i>distant</i> sta	ation, that y	our cable sy	stem carried on a
Out at the ta	substitute basis during the a explanation of the programm							
Substitute Carriage:					i the general in	Structions I	n the paper of	5A 1-2 10111.
Special	<ol> <li>SPECIAL STATEMEN</li> <li>During the accounting per</li> </ol>				asis anv non	network te	evision prov	nram
Statement and	broadcast by a distant sta	•	ii Cable Syster	in carry, on a substitute i	asis, any non		YES	× NO
	Note: If your answer is "No		rest of this na	age blank. If your answe	is "Yes " vou	must comr		
	log in block 2.				15 1 CO, yOU	maar oomp		gram
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	a distant stati egulations, o ries like "mo . Bulls." m was broac l sign of the s vadcast static nadian statio nth and day ive "5/7." mes when the	tion and that y or authorization ovies" or "bask dcast live, ento station broadco on's location (to ons, if any, the when your sy e substitute pr	our cable system substit ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter casting the substitute pro the community to which e community with which the stem carried the substitute ogram was carried by you	uted for the p peneral instruct ram titles, for r "No." gram. the station is l he station is id the program. L our cable syste	rogramming tions for fu example, " iccensed by dentified). Ise numera	g of another rther informa I Love Lucy the FCC or Ils, with the times accu	station ation. ' or , in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the and regulatio	listed program	n was substituted for pro luring the accounting pe	iod; enter the	letter "P" if	the listed p	
	Column 7: Enter the lett	ter "R" if the and regulation mming that y	listed program	n was substituted for pro luring the accounting pe	iod; enter the	letter "P" if	the listed p	
	<b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b.	listed prograr ons in effect d /our system w E PROGRAM	n was substituted for pro luring the accounting pe as permitted to delete u	iod; enter the nder FCC rule WHE CARR	letter "P" if s and regu N SUBST	the listed p lations in	7. REASON FC
	<b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b.	listed prograr ons in effect d /our system w	n was substituted for pro luring the accounting pe as permitted to delete u	iod; enter the nder FCC rule WHE CARR 5. MONTH	letter "P" if s and regu N SUBST	the listed p lations in	rogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. UBSTITUTE 2. LIVE?	listed prograr ons in effect d your system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting pe as permitted to delete u	iod; enter the nder FCC rule WHE CARR 5. MONTH	letter "P" if s and regu EN SUBST IAGE OCC	Ithe listed p lations in ITUTE CURRED	7. REASON FO
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SI	YSTEM ID# 20551
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	9,320.35 ss receipts)
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 \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	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 accounting period is \$52.00	this six-mon	
	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 \$137,1	00)	
	1. Base amount under statutory formula   \$   263,800.00		
	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)	
	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)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 20551
<b>M</b> Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	s 9 
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Richard J Sjoberg       Telephot	ne <b>218-681-3044</b>
Information	Address          Address       315 Main Ave N (Number, street, rural route, apartment, or suite number)         Thief River Falls, MN 56701 (City, town, state, zip)         Email       rsjoberg@mncable.net    Fax (optional) 218-681-6	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained he 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)]</li> <li>X /s/ Richard J Sjoberg</li> </ul>	ce B; or le system as identified owner of the cable system
	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 name:       Richard J Sjoberg         Title:       President         (Title of official position held in corporation or partnership)         Date:       01/30/2023	

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

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BERGS CABLEVISION INC	2055
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- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
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@loc.gov.	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
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	
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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	

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