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

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

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
2/14/2023	\$
	ALLOCATION NUMBER

2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)	
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.	
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	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 5040	
(Number, street, rural route, apartment, or suite number)	
Sioux Falls, SD 57117-5040 (City, town, state, zip)	
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the 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.	se
System 1 IDENTIFICATION OF CABLE SYSTEM:	
MAILING ADDRESS OF CABLE SYSTEM:	
2 PO Box 5040 (Number, street, rural route, apartment, or suite number)	
Sioux Falls, SD 57117-5040 (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.

Norm-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
Name	Midcontinent Communications	254				
D Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "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 kno 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 identified city.					
Served						
Fired	CITY OR TOWN	STATE WI				
First Community	Alma Nelson	WI				
oonnanty		WI				
Rows as Necessary	Pepin					

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM ID
Name	Midcontinent Communi	cations							2546
	SECONDARY TRANSMISSION	SERVICE: SI	IBSCR		ATES				
E	In General: The information in s					ry transmission	service of	the cable	
	system, that is, the retransmissi					•			
Secondary	about other services (including p	. , ,					those exis	sting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	able systen	n, broken	
scribers and	down by categories of secondar	•					•		
Rates	each category by counting the n	umber of billing	gs in th	at category (the	e number o	of persons or or	ganization		
	separately for the particular servert Rate: Give the standard rate of							rac and the	
	unit in which it is generally billed	0						•	
	category, but do not include disc	· · ·		,			is within a		
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca					•			
	first set" and would be counted of	once again und	ler "Sei	rvice to additior	nal set(s)."				
	Block 2: If your cable system	•		•					
	printed in block 1 (for example, t with the number of subscribers a					•			
	sufficient.		e ngin-						
	BLC	DCK 1					BLOCK		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRID	EKS	NATE	CAT	EGORT OF SET	VICE	SUBSCRIBERS	T(A)
	Service to first set		87	26.95	Busine	ss Accounts	Accounts		
	Service to additional set(s)			20.00		ef Converter	13 88	73. 3.	
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		26	73.95					
	Converter		89	3.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S			-	
F	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,					•			
Services	service for a single fee. There a furnished at cost or (2) services				•		• •	,	
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.								
Fransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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 1						BLOCK 2		
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	16.00	• Mo	otel, hotel		499.00	Digital	1	10.0
	• Pay cable—add'l channel		• Co	mmercial	499.00 Cine		Cinema		
	Fire protection		•Pa	y cable		Showtime			16.0
	 Burglar protection 			y cable-add'l cł	nannel			Encore	16.0
	Installation: Residential			e protection			Dig Spo	orts & Variety	9.0
	• First set	25.00		rglar protection					
	 Additional set(s) 	25.00		services:					
	• FM radio (if separate rate)			connect		75.00			
	Converter		• Dis	sconnect		-			
	Converter								
	Converter		• Ou	itlet relocation		25.00 25.00			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Midcontinent Commu			254
	PRIMARY TRANSMITTERS:			
G	In General: In space G, ide carried by your cable system	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part	t-time basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru	e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th	o1(e)(2) and (4))]; and (2) certain st arried by your cable system on a st	tations carried on a substitute program
	 station was carried only on List the station here, and a basis. For further information Column 1: List each station 	a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	d both on a substitute basis and al , see page (v) of the general instruc program services such as HBO, ES	lso on some other ictions. SPN, etc. Identify each
	"WETA-2" as the same on the Column 2: Give the channed of license. For example, W	d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network s	evision station for broadcasting ove	er the air in its community
	educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canac	ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list dian stations, if any, give the name of th	(for network multicast), "I" (for indep or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. It the community to which the statio he community with which the statio	ependent), "I-M" ational multicast). on is licensed by the on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE-DT	11	Ν	MINNEAPOLIS, MN (NBC)
	KSTC-DT	45	I	MINNEAPOLIS, MN (IND-45)
d Rows as Necessary	KSTC-DT3	45.3	I-M	MINNEAPOLIS, MN (ME TV)
	B.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
nows as necessary	KSTP-DT	35	Ν	ST PAUL, MN (ABC)
ions as recessary	KSTP-DT KTCA-DT4	35 34.4	N E-M	ST PAUL, MN (ABC)
, inclus as inclusion (
, in the second s	KTCA-DT4	34.4	E-M	ST PAUL, MN (ABC) ST PAUL , MN (PBS TPT NOW HD)
, inclus as inclusion (KTCA-DT4 KTTC-DT	34.4 10	E-M N	ST PAUL, MN (ABC) ST PAUL , MN (PBS TPT NOW HD) ROCHESTER, MN (NBC)
	KTCA-DT4 KTTC-DT WCCO-DT	34.4 10 32	E-M N	ST PAUL, MN (ABC) ST PAUL , MN (PBS TPT NOW HD) ROCHESTER, MN (NBC) MINNEAPOLIS, MN (CBS)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT	34.4 10 32 29	E-M N N I	ST PAUL, MN (ABC) ST PAUL , MN (PBS TPT NOW HD) ROCHESTER, MN (NBC) MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT	34.4 10 32 29 15	E-M N N I E	ST PAUL, MN (ABC)ST PAUL , MN (PBS TPT NOW HD)ROCHESTER, MN (NBC)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (MNT)LA CROSSE, WI (PBS)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT WHLA-DT2	34.4 10 32 29 15 15.2	E-M N N I E E-M	ST PAUL, MN (ABC) ST PAUL, MN (PBS TPT NOW HD) ROCHESTER, MN (NBC) MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS-WPT)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT	34.4 10 32 29 15 15.2 8	E-M N N I E E-M N	ST PAUL, MN (ABC)ST PAUL , MN (PBS TPT NOW HD)ROCHESTER, MN (NBC)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (CBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS-WPT)LA CROSSE, WI (CBS)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WLAX-HD	34.4 10 32 29 15 15.2 8 25.1	E-M N N I E E-M N N	ST PAUL, MN (ABC)ST PAUL , MN (PBS TPT NOW HD)ROCHESTER, MN (NBC)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (CBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS-WPT)LA CROSSE, WI (CBS)LA CROSSE, WI (FOX)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WLAX-HD WLAX-HD	34.4 10 32 29 15 15.2 8 25.1 25.2	E-M N N I E E-M N N N I-M	ST PAUL, MN (ABC)ST PAUL , MN (PBS TPT NOW HD)ROCHESTER, MN (NBC)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (CBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS-WPT)LA CROSSE, WI (CBS)LA CROSSE, WI (FOX)LA CROSSE, WI (FOX)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WLAX-HD WLAX-DT2 WLAX-DT2	34.4 10 32 29 15 15.2 8 25.1 25.2 25.3	E-M N N I E E-M N N N N I-M I-M	ST PAUL, MN (ABC)ST PAUL , MN (PBS TPT NOW HD)ROCHESTER, MN (NBC)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (CBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (FOX)LA CROSSE, WI (FOX)LA CROSSE, WI (ANTENNA TV)LA CROSSE, WI (LAFF)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WLAX-HD WLAX-DT2 WLAX-DT2 WLAX-DT3 WLAX-DT4	34.4 10 32 29 15 15.2 8 25.1 25.2 25.3 25.4	E-M N N I E E-M N N N I-M I-M I-M	ST PAUL, MN (ABC)ST PAUL , MN (PBS TPT NOW HD)ROCHESTER, MN (NBC)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (MNT)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (FOX)LA CROSSE, WI (FOX)LA CROSSE, WI (LAFF)LA CROSSE, WI (GRIT)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WLAX-HD WLAX-HD WLAX-DT2 WLAX-DT3 WLAX-DT4 WLAX-DT4	34.4 10 32 29 15 15.2 8 25.1 25.2 25.3 25.4 19.1	E-M N N I E E-M N N N I-M I-M I-M I-M N	ST PAUL, MN (ABC)ST PAUL , MN (PBS TPT NOW HD)ROCHESTER, MN (NBC)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (CBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (FOX)LA CROSSE, WI (FOX)LA CROSSE, WI (ANTENNA TV)LA CROSSE, WI (LAFF)LA CROSSE, WI (GRIT)LA CROSSE, WI (ABC)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WLAX-HD WLAX-HD WLAX-DT2 WLAX-DT3 WLAX-DT4 WXOW-DT WXOW-DT2	34.4 10 32 29 15 15.2 8 25.1 25.2 25.3 25.4 19.1 19.2	E-M N N I E E-M N N I-M I-M I-M I-M	ST PAUL, MN (ABC)ST PAUL , MN (PBS TPT NOW HD)ROCHESTER, MN (NBC)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (CBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (CBS)LA CROSSE, WI (FOX)LA CROSSE, WI (FOX)LA CROSSE, WI (ANTENNA TV)LA CROSSE, WI (LAFF)LA CROSSE, WI (GRIT)LA CROSSE, WI (ABC)LA CROSSE, WI (DECADES)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT WHLA-DT2 WKBT-DT WLAX-HD WLAX-HD WLAX-DT2 WLAX-DT3 WLAX-DT4 WXOW-DT WXOW-DT2 WXOW-DT3	34.4 10 32 29 15 15.2 8 25.1 25.2 25.3 25.4 19.1 19.2 19.3	E-M N N I E E-M N N N I-M I-M I-M I-M I-M	ST PAUL, MN (ABC)ST PAUL , MN (PBS TPT NOW HD)ROCHESTER, MN (NBC)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (CBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (CBS)LA CROSSE, WI (FOX)LA CROSSE, WI (FOX)LA CROSSE, WI (ANTENNA TV)LA CROSSE, WI (LAFF)LA CROSSE, WI (GRIT)LA CROSSE, WI (ABC)LA CROSSE, WI (DECADES)LA CROSSE, WI (THIS TV)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT2 WHLA-DT2 WKBT-DT WLAX-HD WLAX-HD WLAX-DT3 WLAX-DT4 WXOW-DT WXOW-DT2 WXOW-DT3 WXOW-DT4	34.4 10 32 29 15 15.2 8 25.1 25.2 25.3 25.4 19.1 19.2 19.3 19.4	E-M N N I E E-M N N N I-M I-M I-M I-M I-M I-M	ST PAUL, MN (ABC)ST PAUL , MN (PBS TPT NOW HD)ROCHESTER, MN (NBC)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (CBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (FOX)LA CROSSE, WI (FOX)LA CROSSE, WI (ANTENNA TV)LA CROSSE, WI (LAFF)LA CROSSE, WI (GRIT)LA CROSSE, WI (ABC)LA CROSSE, WI (DECADES)LA CROSSE, WI (THIS TV)LA CROSSE, WI (Court TV)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT2 WHLA-DT2 WKBT-DT WLAX-HD WLAX-HD WLAX-DT3 WLAX-DT4 WXOW-DT WXOW-DT2 WXOW-DT3 WXOW-DT4 WXOW-DT4 WXOW-DT5	34.4 10 32 29 15 15.2 8 25.1 25.2 25.3 25.4 19.1 19.2 19.3 19.4 19.5	E-M N N I E E-M N N N I-M I-M I-M I-M I-M I-M I-M	 ST PAUL, MN (ABC) ST PAUL, MN (PBS TPT NOW HD) ROCHESTER, MN (NBC) MINNEAPOLIS, MN (CBS) MINNEAPOLIS, MN (MNT) LA CROSSE, WI (PBS) LA CROSSE, WI (PBS) LA CROSSE, WI (FOX) LA CROSSE, WI (FOX) LA CROSSE, WI (ANTENNA TV) LA CROSSE, WI (LAFF) LA CROSSE, WI (BRIT) LA CROSSE, WI (BRC) LA CROSSE, WI (DECADES) LA CROSSE, WI (THIS TV) LA CROSSE, WI (Court TV) LA CROSSE, WI (Court TV) LA CROSSE, WI (TrueCrime)
	KTCA-DT4 KTTC-DT WCCO-DT WFTC-DT WHLA-DT2 WHLA-DT2 WKBT-DT WLAX-HD WLAX-HD WLAX-DT3 WLAX-DT4 WXOW-DT WXOW-DT2 WXOW-DT2 WXOW-DT3 WXOW-DT4 WXOW-DT5 WKBT-DT2	34.4 10 32 29 15 15.2 8 25.1 25.2 25.3 25.4 19.1 19.2 19.3 19.4 19.5 8.2	E-M N N I E E-M N N N I-M I-M I-M I-M I-M I-M I-M	ST PAUL, MN (ABC)ST PAUL, MN (PBS TPT NOW HD)ROCHESTER, MN (NBC)MINNEAPOLIS, MN (CBS)MINNEAPOLIS, MN (CBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (PBS)LA CROSSE, WI (FOX)LA CROSSE, WI (FOX)LA CROSSE, WI (ANTENNA TV)LA CROSSE, WI (ANTENNA TV)LA CROSSE, WI (ANTENNA TV)LA CROSSE, WI (ANTENNA TV)LA CROSSE, WI (ABC)LA CROSSE, WI (DECADES)LA CROSSE, WI (THIS TV)LA CROSSE, WI (Court TV)LA CROSSE, WI (TrueCrime)LA CROSSE, WI (My Network)

Midcontinent Communications 25 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 7 76.59(4)(2) and (4), or 76.63 (referring to 76.63 (refering to 76.63 (referring to 76.63 (referring to 76.63		LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM				
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 76:55(0)(2) and (4), 76:61(e)(2) and (4), or 76:33 (referring to 76:63 (refe	Name								
G 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 75.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (refring 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 as explained in the next paragraph. • Du not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried by your cable system on a substitute basis. • List the station here, and also in space 1, 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, by entering the letter 'N' (for network multicast). 'F' (for independent), 'FM' (for independent multicast). E'' (for noncommercial deducational), or a noncommercial deducational with the station is identified. <		PRIMARY TRANSMITTERS:	TELEVISION						
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 SIGN2. B'CAST CHANNEL NUMBER3. TYPE OF STATION4. LOCATION OF STATIONWCCO-DT232.2I-MMINNEAPOLIS, MN (START TV)KARE-DT411.4I-MMINNEAPOLIS, MN (QUEST)KARE-DT311.3I-MMINNEAPOLIS, MN (TRUE CRIME)KSTP-DT735.7I-MMINNEAPOLIS, MN (HEROES)	Primary Transmitters:	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 							
WCCO-DT232.2I-MMINNEAPOLIS, MN (START TV)KARE-DT411.4I-MMINNEAPOLIS, MN(QUEST)KARE-DT311.3I-MMINNEAPOLIS, MN (TRUE CRIME)KSTP-DT735.7I-MMINNEAPOLIS, MN(HEROES)				•					
KARE-DT411.4I-MMINNEAPOLIS, MN(QUEST)KARE-DT311.3I-MMINNEAPOLIS, MN (TRUE CRIME)KSTP-DT735.7I-MMINNEAPOLIS, MN(HEROES)		(for independent multicast For the meaning of these t Column 4 : Give the location), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list	r "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati	cational multicast). ion is licensed by the				
KARE-DT311.3I-MMINNEAPOLIS, MN (TRUE CRIME)KSTP-DT735.7I-MMINNEAPOLIS, MN(HEROES)		(for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	r "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati ne community with which the stati	cational multicast). ion is licensed by the ion is identified.				
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		(for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Canastin 1. CALL SIGN WCCO-DT2), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32.2	r "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati ne community with which the stati 3. TYPE OF STATION I-M	cational multicast). ion is licensed by the ion is identified. 4. LOCATION OF STATION MINNEAPOLIS, MN (START TV)				
		(for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Canasti 1. CALL SIGN WCCO-DT2 KARE-DT4), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32.2 11.4	r "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati ne community with which the stati 3. TYPE OF STATION I-M I-M	cational multicast). ion is licensed by the ion is identified. 4. LOCATION OF STATION MINNEAPOLIS, MN (START TV) MINNEAPOLIS, MN(QUEST)				
		(for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Canastin 1. CALL SIGN WCCO-DT2 KARE-DT4 KARE-DT3), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32.2 11.4 11.3	r "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati ne community with which the stati 3. TYPE OF STATION I-M I-M	cational multicast). ion is licensed by the ion is identified. 4. LOCATION OF STATION MINNEAPOLIS, MN (START TV) MINNEAPOLIS, MN(QUEST) MINNEAPOLIS, MN (TRUE CRIME)				
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		(for independent multicast) For the meaning of these the location FCC. For Mexican or Cana 1. CALL SIGN WCCO-DT2 KARE-DT4 KARE-DT3 KSTP-DT7), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32.2 11.4 11.3 35.7	r "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati ne community with which the stati 3. TYPE OF STATION I-M I-M I-M	cational multicast). ion is licensed by the ion is identified. 4. LOCATION OF STATION MINNEAPOLIS, MN (START TV) MINNEAPOLIS, MN(QUEST) MINNEAPOLIS, MN (TRUE CRIME) MINNEAPOLIS, MN (HEROES)				

Midcontiner	F OWNER OF (nt Commun							SYSTEM I 254
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G) it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stati this by placing Give the station	y the sys be recein t the Co sign of e he station ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 this point, see pa ed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate	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	
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Accounting Peric	od: 2022/2							FORM	/ SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF								SYSTEM ID#	
	Midcontinent Commu	nications							25469	
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
Substitute	In General: In space I, ident <i>substitute basis</i> during the a explanation of the programm	ccounting period,	under sp	ecific present and former	FCC rules,	regulati	ions, or auth	norization	s. For a further	
Carriage:	1. SPECIAL STATEMEN	-			-					
Special Statement and	 During the accounting per 	riod, did your cab	le syster	n carry, on a substitute b	asis, any n	onnetw	vork tel <u>evis</u> i	ion progr	am	
Program Log	broadcast by a distant sta	tion?						YES	× NO	
	Note: If your answer is "No	", leave the rest	of this pa	age blank. If your answer	is "Yes," y	ou mus	st complete	the prog	ram	
	log in block 2. 2. LOG OF SUBSTITUTE									
	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: 76ers 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 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). 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 "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FC								ing station tion. or in nonth ately	
	effect on October 19, 1976	UBSTITUTE PR		4			SUBSTITU E OCCUR		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? 3. ST	ATION'S L SIGN		5. MON	тн	6. TIME		DELETION	
								10		
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Accounting Period:	: 2022/2 FORM SA1-	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S	STEM ID# 25469
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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	606.35 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 \$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	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 \$137,100)	
	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	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 Due	 Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 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 payabl See page i of the general instructions in the paper SA1-2 form for i		its!

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7			
Name		OWNER OF CABLE SYSTEM: Communications	SYSTEM ID# 25469			
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the o	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	29 330			
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)				
for Further Information	Name	Rachel Meyer Telephone 952	2-844-2655			
	Address 	3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435 (City, town, state, zip)				
	Email	rachel.meyer@midco.com Fax (optional)				
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)					

	/s/ Rachel Meyer
	r an electronic signature on the line above to certify this statement. r signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed nam	e: Rachel Meyer
	ector of Programming osition held in corporation or partnership)
Date:	2/10/2023

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

unting Period: 2022/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
continent Communications	2546
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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 Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
x	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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