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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional - see instructions)	
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.	27874
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Midcontinent Communications	
		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)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ι	inless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	International Falls, MN	
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Midcontinent Communications	2787
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y 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 mot	munity" is the same as a "community unit" as defined in FCC rules ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter know s.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	International Falls	MN
Community	Koochiching County	MN
	Ranier	MN
Add Rows as Necessary	Littlefork	MN

	LEGAL NAME OF OWNER OF C	ABI E SYSTEM:						FORM SA1	
Name	Midcontinent Communi								2787
E	SECONDARY TRANSMISSION 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	last day of the accounting period	•				/	h.l		
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					•		
Rates	each category by counting the n	•		• • •		•			
	separately for the particular serv	vice at the rate	indicate	ed-not the nu	mber of se	ts receiving ser	vice).	-	
	Rate: Give the standard rate of	•	-	•				•	
	unit in which it is generally billed	· ·		·		rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion serv	ice that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Not								
	categories, that person or entity					•••	•		
	subscriber who pays extra for ca					d in the count ur	nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t	-							
	with the number of subscribers a					•			
	sufficient.				1				
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 	1	1,246	26.95	Busine	ss Accounts		43	26.
	 Service to additional set(s) 					ef Converter		589	3.
	 FM radio (if separate rate) 				Nursing	g Homes		48	6.
	Motel, hotel		194	6.00	Hospita	als		31	9.
	Commercial		175	73.95					
	Converter		627	3.00					
	Residential								
	 Non-residential 								
					•				
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all your cable sys	stem's ser	vices that were	
F	not covered in space E, that is,	•			•	• •			
	service for a single fee. There a				•		• •		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any r	ates are cl	harged on a var	iable per-p	program basis,	
Secondary	Block 1: Give the standard rat		he cabl	e svstem for e	ach of the	applicable servi	ces listed.		
ransmissions:						•••			
ransmissions: Rates	Block 2: List any services that	t your cable sys	Sterrinu	•		the accounting		e form of a	
	listed in block 1 and for which a	separate charg	ge was r	rnished or offe nade or estab	red during	-	vices in th	e lonn of a	
	-	separate charg	ge was r	rnished or offe nade or estab	red during	-	vices in th		
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charg otion and incluc BLOC	ge was r de the ra CK 1	rnished or offe nade or estab ate for each.	red during ished. List	these other ser		BLOCK 2	
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg otion and includ BLOC RATE	ge was r de the ra CK 1 CATEG	rnished or offe made or estab ate for each.	red during ished. List VICE	-			RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargo otion and includ BLOC RATE	ge was r de the ra CK 1 CATEG Installa	rnished or offe made or estab ate for each. GORY OF SER ation: Non-res	red during ished. List VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg otion and includ BLOC RATE	ge was r de the ra CK 1 CATEC Installa • Mot	rnished or offe made or estab ate for each. GORY OF SER ation: Non-res	red during ished. List VICE	RATE	CATEGO Cinema	BLOCK 2 DRY OF SERVICE	16.
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate chargo otion and includ BLOC RATE	ge was r de the ra CK 1 CATEG Installa • Mot • Cor	rnished or offe made or estab ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	red during ished. List VICE	RATE	CATEGO Cinema Digital	BLOCK 2 DRY OF SERVICE	16. 10.
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate chargo otion and includ BLOC RATE	ge was r de the ra CK 1 CATEC Installa • Mot • Cor • Pay	rnished or offe made or estab ate for each. BORY OF SER ation: Non-res tel, hotel mmercial r cable	red during ished. List VICE idential	RATE	CATEGO Cinema Digital Showti	BLOCK 2 DRY OF SERVICE ax 1 me	16. 10. 16.
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	separate chargo otion and includ BLOC RATE	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay	rnished or offe made or estab ate for each. GORY OF SER ation: Non-res tel, hotel mmercial v cable v cable-add'l cl	red during ished. List VICE idential	RATE	CATEGO Cinema Digital Showti Starz!8	BLOCK 2 DRY OF SERVICE	16.0 10.0 16.0 16.0
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	separate chargo otion and includ BLOC RATE 16.00	ge was r de the ra <u>CK 1</u> <u>CATEC</u> Installa • Mot • Cor • Pay • Pay • Fire	rnished or offe made or estab ate for each. BORY OF SER ation: Non-res tel, hotel mmercial cable cable-add'l cl protection	red during ished. List VICE idential	RATE	CATEGO Cinema Digital Showti Starz!& TMC	BLOCK 2 DRY OF SERVICE ax 1 me Encore	16. 10. 16. 16.
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	separate chargo otion and includ BLOC RATE 16.00 35.00	ge was r de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Cor • Pay • Pay • Fire • Bur	rnished or offe made or estab ate for each. GORY OF SER ation: Non-res tel, hotel mmercial v cable v cable-add'l cl e protection glar protection	red during ished. List VICE idential	RATE	CATEGO Cinema Digital Showti Starz!& TMC	BLOCK 2 DRY OF SERVICE ax 1 me	16. 10. 16. 16.
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate chargo otion and includ BLOC RATE 16.00 35.00	ge was r de the ra <u>CK 1</u> <u>CATEC</u> • Mot • Cor • Pay • Pay • Fire • Bur Other s	rnished or offe made or estab ate for each. BORY OF SER ation: Non-res tel, hotel mmercial cable cable-add'l cl protection glar protection services:	red during ished. List VICE idential	RATE	CATEGO Cinema Digital Showti Starz!& TMC	BLOCK 2 DRY OF SERVICE ax 1 me Encore	16. 10. 16. 16.
ransmissions: Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate chargo otion and includ BLOC RATE 16.00 35.00	ge was r de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Rec	rnished or offe made or estab ate for each. GORY OF SER ation: Non-res tel, hotel mmercial v cable v cable-add'I cl e protection glar protection services: connect	red during ished. List VICE idential	RATE	CATEGO Cinema Digital Showti Starz!& TMC	BLOCK 2 DRY OF SERVICE ax 1 me Encore	RAT 16.0 16.0 16.0 16.0 9.0
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate chargo otion and includ BLOC RATE 16.00 35.00	ge was r de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	rnished or offe made or estab ate for each. BORY OF SER ation: Non-res tel, hotel mmercial v cable v cable-add'l cl protection glar protection services: connect connect	red during ished. List VICE idential	these other ser	CATEGO Cinema Digital Showti Starz!& TMC	BLOCK 2 DRY OF SERVICE ax 1 me Encore	16.0 10.0 16.0 16.0 16.0
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate chargo otion and includ BLOC RATE 16.00 35.00	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Bur • Cother s • Rec • Dise • Out	rnished or offe made or estab ate for each. GORY OF SER ation: Non-res tel, hotel mmercial v cable v cable-add'I cl e protection glar protection services: connect	red during ished. List VICE idential	RATE	CATEGO Cinema Digital Showti Starz!& TMC	BLOCK 2 DRY OF SERVICE ax 1 me Encore	16. 10. 16. 16. 16.

	2022/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM II 2787
	Midcontinent Commu			2101
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(et substitute program basis, and Substitute Basis Stations basis under specific FCC rule. Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	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 with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra (arried by your cable system on a su the Special Statement and Program of both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. PN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBJR-DT	19	N	SUPERIOR, WI (NBC)
	KBJR-DT2	19.2	N-M	SUPERIOR, WI (CBS)
	KBJR-DT3	19.3	I-M	SUPERIOR, WI (MNT/HEROES)
vs as Necessary	KQDS-DT	18		DULUTH, MN (FOX)
	KQDS-DT2	18.2	I-M	DULUTH, MN (ANTENNA)
	KDLH-DT	33		DULUTH, MN (CW)
	WDIO-DT	10	N	DULUTH, MN (ABC)
	WDIO-DT2	10.2	I-M	DULUTH, MN (ME TV)
	WDSE-DT	8	E	DULUTH, MN (PBS)
	WDSE-DT WDSE-DT2	<u>8</u> 8.2	E-M	DULUTH, MN (PBS) DULUTH, MN (PBS EXPLORE HD)
	WDSE-DT2	8.2	E-M	DULUTH, MN (PBS EXPLORE HD)
	WDSE-DT2 WDSE-DT3	8.2 8.3	E-M E-M	DULUTH, MN (PBS EXPLORE HD) DULUTH, MN (PBS CREATE HD)
	WDSE-DT2 WDSE-DT3	8.2 8.3	E-M E-M	DULUTH, MN (PBS EXPLORE HD) DULUTH, MN (PBS CREATE HD)
	WDSE-DT2 WDSE-DT3	8.2 8.3	E-M E-M	DULUTH, MN (PBS EXPLORE HD) DULUTH, MN (PBS CREATE HD)
	WDSE-DT2 WDSE-DT3	8.2 8.3	E-M E-M	DULUTH, MN (PBS EXPLORE HD) DULUTH, MN (PBS CREATE HD)
	WDSE-DT2 WDSE-DT3	8.2 8.3	E-M E-M	DULUTH, MN (PBS EXPLORE HD) DULUTH, MN (PBS CREATE HD)
	WDSE-DT2 WDSE-DT3	8.2 8.3	E-M E-M	DULUTH, MN (PBS EXPLORE HD) DULUTH, MN (PBS CREATE HD)
	WDSE-DT2 WDSE-DT3	8.2 8.3	E-M E-M	DULUTH, MN (PBS EXPLORE HD) DULUTH, MN (PBS CREATE HD)
	WDSE-DT2 WDSE-DT3	8.2 8.3	E-M E-M	DULUTH, MN (PBS EXPLORE HD) DULUTH, MN (PBS CREATE HD)
	WDSE-DT2 WDSE-DT3	8.2 8.3	E-M E-M	DULUTH, MN (PBS EXPLORE HD) DULUTH, MN (PBS CREATE HD)
	WDSE-DT2 WDSE-DT3	8.2 8.3	E-M E-M	DULUTH, MN (PBS EXPLORE HD) DULUTH, MN (PBS CREATE HD)
	WDSE-DT2 WDSE-DT3	8.2 8.3	E-M E-M	DULUTH, MN (PBS EXPLORE HD) DULUTH, MN (PBS CREATE HD)

ounting Period	: 2022/2			FORM SA1-2E. PAG
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Name	Midcontinent Commu	nications		278
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations if 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. 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 the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network wring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), of erms, see page (iv) of the general instru- n of each station. For U.S. stations, list	(1) stations carried only on a part-time carriage of certain network program 1(e)(2) and (4))]; and (2) certain stationarried by your cable system on a substrained by your cables and also system on a substrained by your cables and also system on a substrained by your cables and also system on a substrained by your cables and also system on a substrained by your cables and also system on a substrained by your cables and also system on a substra	me basis under ms [sections ions carried on a stitute program Log)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial indent), "I-M" onal multicast).
	FUC. I OF MEXICAN OF CANA	dian stations, if any, give the name of t	ine community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME O Midcontiner								SYSTEM II 278
	t every radio s	tation ca	nrried on a separate and discr nerally receivable by your cab					Н
on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried by monitoring, to ormation about rm. dentify the call state whether to the radio state this by placing Sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the opyright 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	it the system's he system's FM ante this point, see pa sed 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					27874
-	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
Substitute	In General: In space I, ident <i>substitute basis</i> during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or autho	orizations. For a further
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network televisio	
Program Log	broadcast by a distant sta	ition?					YES XNO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you r	must complete t	he program
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program	titute progra ace, please of every no distant sta egulations, o ries like "mo Bulls." m was broa	am on a separ add additional onnetwork tele tion and that y or authorization ovies" or "bask adcast live, ente	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge	e program") t ted for the pro neral instruct am titles, for e "No."	hat, during the a ogramming of a ions for further i	accounting nother station information.
	the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	nadian stati nth and day ve "5/7." es when th . Example: rer "R" if the and regulat nming that	ons, if any, the v when your sy e substitute pr a program car e listed prograr ions in effect d	stem carried the substitute ogram was carried by you ried by a system from 6:0 n was substituted for prog uring the accounting perio	e station is id e program. Us r cable syste I:15 p.m. to 6 ramming that od; enter the I	entified). se numerals, wi m. List the times 3:28:30 p.m. sho t your system w letter "P" if the li	th the month s accurately buld be as <i>required</i> sted program
	S	UBSTITUT	E PROGRAM	1		N SUBSTITUT	RED 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. TIMES	B DELETION
			-			·	
						·	
						_	
						_	
						_	
						_	
		1					

	2022/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Midcontinent Communications	278
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to comp 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.	transmission service bute this amount, see \$ 291,547.79
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross 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 e Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 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 accounting period is \$52.00	t pay for this six-month
	Line 1. Royalty fee for accounting period	
	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	······
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more that	an \$137,100)
	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 th	nan \$527,600)
	1. Enter the amount of gross receipts from space K	,547.79
		,800.00
		,747.79
	4. Multiply line 3 by .01	277.48
	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	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 Fotal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,596.48
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	. \$ 1,616.48
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form for more	

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Communications	SYSTEM ID# 27874
M Channels		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	12
	on which the	al number of activated channels cable system carried television broadcast stations lcast services	227
N Individual to		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
Be Contacted for Further Information	Name	Rachel Meyer Telephone 95	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		I (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
Centincation		ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	ſ
		nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste I line 1 of space B and that the owner is not a corporation or partnership; or	em as identified
	ir	i cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner on line 1 of space B.	of the cable system
	are true, comple	ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	

	/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.

	2022/2	FORM SA1-2E. PAGE
AL NAME OF OW	/NER OF CABLE SYSTEM:	SYSTEM ID
continent C	ommunications	2787
The Satellite H lowing senten "In dete service scriber For more infor located in the During the acc made by satel	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by addin- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the of providing secondary transmissions of primary broadcast transmitters, the system shall not is and amounts collected from subscribers receiving secondary transmissions pursuant to sect rmation on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA1-2 form. counting period, did the cable system exclude any amounts of gross receipts for secondary trans- lite carriers to satellite dish owners?	ne basic include sub- ion 119." Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
	ASSESSMENT Inplete this worksheet for those royalty payments submitted as a result of a late payment or unc	
	ation of interest assessment, see page (viii) of the general instructions located in the paper SA	1-2 form.
For an explan		1-2 form.
For an explan	ation of interest assessment, see page (viii) of the general instructions located in the paper SA the amount of late payment or underpayment	
For an explan	ation of interest assessment, see page (viii) of the general instructions located in the paper SA	1-2 form.
For an explana Line 1 Enter Line 2 Multip	ation of interest assessment, see page (viii) of the general instructions located in the paper SA the amount of late payment or underpayment	1-2 form.
For an explana Line 1 Enter Line 2 Multip Line 3 Multip	ation of interest assessment, see page (viii) of the general instructions located in the paper SA the amount of late payment or underpayment	Interest Assessmer Interest Assessmer days - 00274 -
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t	ation of interest assessment, see page (viii) of the general instructions located in the paper SA the amount of late payment or underpayment	Interest Assessment Interest Assessment days - 00274 - t charge)
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view to contact to	ation of interest assessment, see page (viii) of the general instructions located in the paper SA the amount of late payment or underpayment	Interest Assessment Interest
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the	ation of interest assessment, see page (viii) of the general instructions located in the paper SA the amount of late payment or underpayment	Interest Assessme Interest Assessme days days - 00274 - t charge) ance please
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the	the amount of late payment or underpayment	Interest Assessment Interest Assessment days days - 00274 - t charge) ance please
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you a list below the of Owner Address	ation of interest assessment, see page (viii) of the general instructions located in the paper SA the amount of late payment or underpayment	Interest Assessment Interest Assessment days days - 00274 - t charge) ance please
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you a list below the of Owner	the amount of late payment or underpayment	Interest Assessment Interest Assessment days days - 00274 - t charge) ance please

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