This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
2/14/2023	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	-	MAILING ADDRESS OF CABLE SYSTEM:
		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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/2									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#								
Name	Midcontinent Communications	28890								
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,									
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the									
Area Served	identified city.									
	CITY OR TOWN	STATE								
First	Bowman	ND								
Community	Hettinger	ND								
	Reeder	ND								
Add Rows as Necessary	Rhame	ND								
	Scranton	ND								

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

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

28890

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	153	26.95	Business Accounts	22	26.95		
 Service to additional set(s) 			High Def Converter	168	3.00		
 FM radio (if separate rate) 			Nursing Homes	79	13.00		
Motel, hotel	24	10.50					
Commercial	15	73.95					
Converter	205	3.00					
Residential							
Non-residential							
		T		T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	16.00	Motel, hotel	50.00	Digital 1	10.0
 Pay cable—add'l channel 		Commercial	50.00	Cinemax	16.0
 Fire protection 		• Pay cable		Showtime	16.0
Burglar protection		• Pay cable-add'l channel		Starz!&Encore	16.0
Installation: Residential		Fire protection		Digital Variety	3.5
• First set	50.00	Burglar protection			
Additional set(s)	25.00	Other services:		Digital Espanol	4.0
 FM radio (if separate rate) 		Reconnect	75.00	Dig Sports & Variety	9.0
 Converter 		Disconnect	-	TMC	16.0
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 28890

PRIMARY TRANSMITTERS: TELEVISION

Midcontinent Communications

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KDSE-DT 9 Ε **DICKINSON, ND (PBS)** 9.2 E-M KDSE-DT2 DICKINSON, ND(PBS WRLD/LIF) E-M KDSE-DT3 9.3 DICKINSON, ND (PBS MN HD) KDSE-DT4 9.4 E-M **DICKINSON, ND (PBS KIDS)** LEAD, SD (FOX-KOTA/KIVV) KHSD-DT2 5.2 I-M 5 KHSD-DT Ν LEAD, SD (ABC-KOTA/KIVV) **KQME-DT HD** 10 ı LEAD, SD (Me TV HD) KQME-DT2 10.2 I-M LEAD, SD (HEROES) 7 Ν KQCD-DT **DICKINSON, ND (NBC) KQCD-DT3** 7.3 I-M **DICKINSON, ND (ME TV HD)** KXMA-DT 19 ı DICKINSON, ND (CW) KXMA-DT2 19.2 N-M DICKINSON, ND (CBS) KXMA-DT3 19.3 I-M **DICKINSON, ND (LAFF)** KXMA-DT4 19.4 I-M DICKINSON, ND (ION-MYSTERY)

Add Rows as Necessary

SYSTEM ID#

28890

Midcontinent Communications

PRIMARY TRANSMITTERS: RADIO

paper SA1-2 form.

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

Primary
Transmitters:
Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATIO
		,					

Accounting Perio	ounting Period: 2022/2 FORM SA1-2E. PAGE 5.										
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	Midcontinent Commu	nications						28890			
ı	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further										
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and											
Program Log	,										
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.										
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is										
	clear. If you need more spa				is wherever	possible, il tili	on meaning	<i>j</i> 13			
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitut	,	,		•			
	period, was broadcast by a		•	•							
	under certain FCC rules, re Do not use general categor										
	"NBA Basketball: 76ers vs.				,	,	,				
				er "Yes." Otherwise enter							
		•		asting the substitute prog he community to which th	•	licensed by th	e FCC or. i	in			
	the case of Mexican or Car	adian stati	ons, if any, the	community with which th	e station is i	dentified).					
		-	when your sys	stem carried the substitut	e program. l	Jse numerals	, with the m	nonth			
	first. Example: for May 7 giv		e substitute pro	ogram was carried by you	ır cable syst	em List the ti	mes accura	ately			
	to the nearest five minutes.				•			21019			
	stated as "6:00–6:30 p.m."	"D" : (!!		1 (4 (1 6				t and			
	to delete under FCC rules a			n was substituted for prog							
	was substituted for progran	_						9			
	effect on October 19, 1976.										
					II wh	EN SUBSTIT	UTE				
	SI	JBSTITUT	E PROGRAM		CARF	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			DELETION			
						_	_				
							_				
							_				
							_				
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							_				

Accounting Period:	2022/2				.1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications			S'	7STEM ID# 28890
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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.	vstem's sed	condary transmi compute this a	ssion service mount, see	7,229.05 ss receipts)
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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	ut less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	.ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty taccounting period is \$52.00	fee that you	ı must pay for th	is six-month	
	Line 1. Royalty fee for accounting period			\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	es 1 and 2		. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re 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 a	and 8	······.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	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 paym See page i of the general instructions in the paper SA1-2		_		ts!

U.S. Copyright Office

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.		
Name		OWNER OF CABLE SYSTEM: Communications				SYSTEM ID# 28890		
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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 372							
N Individual to Be Contacted	INDIVIDUAL TO		ER INFORM	IATION IS NEEDED (Identify an indi				
for Further Information	Name	Rachel Meyer			Telephone	952-844-2655		
	Address	3600 Minnesota Drive (Number, street, rural route, aparti Edina, MN 55435						
	Email	(City, town, state, zip) rachel.meyer@l	midco.com		Fax (optional)			
	CERTIFICATION	(This statement of account me	ust be certifie	ed and signed in accordance with Co	opyright Office regulations)			
O Certification	• I, the undersign	ed, hereby certify that (Check o	ne, <i>but only c</i>	one, of the boxes.)				
	(Owne	er other than corporation or p	artnership)	I am the owner of the cable system as	s identified in line 1 of space E	3; or		
	(Agen	t of owner other than corpora	ntion or parti	nership) I am the duly authorized age	ent of the owner of the cable s	ystem as identified		
	in	line 1 of space B and that the o	wner is not a					
	in	line 1 of space B.	·	, , , , , , , , , , , , , , , , , , , ,		ici di tile cable system		
		e, and correct to the best of my	-	re under penalty of law that all statemorinformation, and belief, and are made				
	I		X /	s/ Rachel Meyer				
				ctronic signature on the line above to course using an "/s/ signature" (e.g., /s/ Jo	-			
		Typed or printed	l name: _F	Rachel Meyer				
		Title:		of Programming neld in corporation or partnership)				
		Date:	moral position f	от птоогрогацоп от рагитетsпір)	2/10/2023			

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

ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
continent Communications	28890
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	Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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