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

 2-22-23
 \$

 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	
		Western Montana CommunityTel Inc	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		312 Main St SW (Number, street, rural route, apartment, or suite number)	
		Ronan, MT 59864 (City, town, state, zip)	
		(City, town, state, 2ip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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		IDENTIFICATION OF CABLE SYSTEM:	
-	1	Plains	
	1	MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Western Montana CommunityTel Inc	39960				
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
	CITY OR TOWN	STATE				
First	Plains	MT				
Community						
Add Rows as Necessary						

									A1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	Western Montana CommunityTel Inc									
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RAT	ES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Coordon	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).									
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the nu			0,0				charged		
	separately for the particular servi Rate: Give the standard rate cl							e and the		
	unit in which it is generally billed.									
	category, but do not include disc				yotandan		wann a p			
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categorie		•				
	systems most commonly provide							0,		
	that applies to your system. Note categories, that person or entity			-		-				
	subscriber who pays extra for ca				• •		•			
	first set" and would be counted o									
	Block 2: If your cable system h	-		•						
	printed in block 1 (for example, ti					•		-		
	with the number of subscribers a sufficient.	nd rates, in the	e right-ha	and block. A two	o- or three	-word description	n of the s	ervice is		
		DCK 1					BLOC	K 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	CODOCIAD	LIKO	TUTE	0,111				TUT	
	Service to first set		20	79.38						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel		9	721.97						
	Commercial		6	481.50						
	Converter									
	Residential									
	Non-residential									
_	SERVICES OTHER THAN SECO In General: Space F calls for rat	- 			pect to all	vour cable svst	em's servi	ices that were		
F	not covered in space E, that is, th	•	,			• •				
	service for a single fee. There are				•		• • •			
Services	furnished at cost or (2) services of									
Other Than Secondary	amount of the charge and the un		usually b	billed. If any rate	es are cha	arged on a varia	ble per-pro	ogram basis,		
Transmissions:	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.									
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									
	brief (two- or three-word) description and include the rate for each.									
		BLO				DATE	0.4750	BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV tion: Non-resid		RATE	CATEG	ORY OF SERVIC	E RATE	
	Pay cable			el, hotel	Jential					
	• Pay cable—add'l channel			nmercial						
	• Fire protection			cable						
	•Burglar protection		· ·	cable-add'l cha	annel					
	Installation: Residential		· ·	protection						
	First set	50.00		glar protection						
	Additional set(s)	24.95		ervices:						
	• FM radio (if separate rate)	24.00		onnect		50.00				
	Converter			connect						
				et relocation		35.95				
						00.00	I		i	
			• Mov	ve to new addre	ss	50.00				

	LEGAL NAME OF OWNER O			SYSTEM ID					
e	Western Montana Co			3996					
	PRIMARY TRANSMITTERS:								
ary tters: sion	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:								
	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 Column 2: Give the chann	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the- the form. el number the FCC assigned to the telev	both on a substitute basis and also see page (v) of the general instructiv ogram services such as HBO, ESP air designation. For example, repo	o on some other ons. N, etc. Identify each rt multistream					
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	(RC is channel 4 in Washington, D.C. a case whether the station is a network s ering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list the dian stations, if any, give the name of the	or network multicast), "I" (for indepe "E-M" (for noncommercial educatio tions in the paper SA1-2 form. the community to which the station	endent), "I-M" nal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KTMF	23	Ν	MISSOULA, MT					
	KECI	13	N	MISSOULA, MT					
essary	KECI KPAX	13 8	N N						
essary				MISSOULA, MT					
cessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
essary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
essary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
essary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
essary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
:essary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
cessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
2Cessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
ecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
ecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
ecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
Necessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
ecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
Necessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
ecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					
lecessary	КРАХ	8	N	MISSOULA, MT MISSOULA, MT					

Accounting P			YSTEM:					I SA1-2E. PAGE
Western Moi								313121010
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of r For detailed infor paper SA1-2 for Column 1: Id Column 2: St Column 3: If	it is carried by monitoring, to mation abou m. entify the call tate whether t the radio stati	y the syst be receivent t the Co sign of e he station	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. nal was electronically processe	the system's hea ystem's FM anten his point, see pag	adend, and (2) nna, during ce je (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters: Radio
Column 4: G	ive the station	i's locatio	c mark in the "S/D" column. on (the community to which the the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3/0	LOOKTION OF STATION	UALL SIGN		5/0	LOCATION OF STATION	
		L						

Accounting Perio	d: 2022/2						FO	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Western Montana Cor	nmunityTe	el Inc					39960
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEMEN	T AND PROGRAM LOG	ì			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programn	accounting pe	eriod, under spe	cific present and former FC	C rules, regula	itions, or a	uthorizations	. For a further
Carriage:	1. SPECIAL STATEMEN				general motio			2.000
Special	During the accounting pe				is any nonnet	work telev	vision progra	m
Statement and	broadcast by a distant sta			ourly, on a substitute bus	io, any nonno			
Program Log	-						YES	NO
	Note: If your answer is "No	o", leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ist comple	te the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUT In General: List each subs			te line. I lee abbreviations	wherever nos	sihle if the	air meaning	ie
	clear. If you need more spa				wherever pos	3000, 11 110		15
	Column 1: Give the title	e of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs Column 2: If the progra	. Bulls." m was broad	dcast live, ente	r "Yes." Otherwise enter "I	No."		, -	
				sting the substitute progra			500	
	the case of Mexican or Cal			e community to which the			e FCC or, ir	1
				tem carried the substitute			, with the mo	onth
	first. Example: for May 7 gi							
	Column 6: State the tim to the nearest five minutes			gram was carried by your				ely
			a program cam	cu by a system nom 0.01.	10 p.m. to 0.2	0.00 p.m.		
	stated as "6:00-6:30 p.m."							
	Column 7: Enter the let	ter "R" if the		was substituted for progra				
	Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	e listed prog	
	Column 7: Enter the let	ter "R" if the and regulation mming that y	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	e listed prog	
	Column 7: Enter the let to delete under FCC rules was substituted for program	ter "R" if the and regulation mming that y	ons in effect du	ring the accounting period	l; enter the letter FCC rules a	ter "P" if th nd regulat	e listed prog ions in	
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y b. SUBSTITUT	ons in effect du your system wa	ring the accounting period s permitted to delete unde	l; enter the letter FCC rules a WHE	ter "P" if th nd regulat N SUBST AGE OCC	e listed prog ions in TITUTE CURRED	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ons in effect du your system wa	ring the accounting period s permitted to delete unde	l; enter the letter FCC rules a	ter "P" if th nd regulat N SUBST AGE OCC	ie listed prog ions in	gram
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
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	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
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	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the letter FCC rules a WHE CARRI 5. MONTH	ter "P" if th nd regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
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Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Western Montana CommunityTel Inc	S	YSTEM ID# 39960
			29900
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	7,747.45 pss receipts)
	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 \$2 • 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.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for thi accounting period is \$52.00	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 lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati		its!

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7
Name		NER OF CABLE SYSTEM:				SYSTEM ID# 39960
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the c	u must give (1) the number o , and (2) the cable system's t number of channels on which television broadcast stations number of activated channel able system carried television cast services	otal number of action the cable	vated channels during the a	accounting period.	13 46
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		I IS NEEDED (Identify an ii	ndividual to whom	
for Further Information		Michelle Marengo 312 Main St SW			Telephone (406) 676-9218
		(Number, street, rural route, apartm Ronan, MT 59864 (City, town, state, zip)	ient, or suite number)			
	Email	michellem@rona	an.net		Fax (optional (406) 676-8889	
O Certification	I, the undersigned (Owner (Agent of in (Office) in I have examined t	of owner other than corporate h line 1 of space B and that the r or partner) I am an officer (if h line 1 of space B. he statement of account and h a, and correct to the best of my	e, <i>but only one</i> , of t artnership) I am the tion or partnership owner is not a corp a corporation) or a ereby declare under	he boxes.) owner of the cable system a) I am the duly authorized ag oration or partnership; or partner (if a partnership) of t penalty of law that all staten	as identified in line 1 of space B; or ent of the owner of the cable system is he legal entity identified as owner of the nents of fact contained herein	
			Enter an electronic s	helle Marengo ignature on the line above to g an "/s/ signature" (e.g., /s/		
			Accounting N	Ile Marengo Iananger d in corporation or partnership)		
		Date:			02/22/2023	

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.

AL NAME OF OWNER OF CAE				FORM SA1-2E. PAGE
	LE SYSTEM:			SYSTEM I
stern Montana Commu	inityTel Inc			3996
The Satellite Home Viewer lowing sentence: "In determining the service of providing scribers and amour For more information on w located in the paper SA1-2 During the accounting peri- made by satellite carriers to NO	od, did the cable system exclude any ar	111(d)(1)(A), of the Cop ss amounts paid to the c badcast transmitters, the secondary transmissions note on page (vii) of the nounts of gross receipts	yright Act by adding the fol- cable system for the basic system shall not include sub- s pursuant to section 119." general instructions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name		
INTEREST ASSESSN You must complete this wo	ENT rksheet for those royalty payments sub	mitted as a result of a lat	te navment or undernavment	
	est assessment, see page (viii) of the ge of late payment or underpayment	eneral instructions locate		Q
Line 1 Enter the amount of		eneral instructions locate	ed in the paper SA1-2 form.	Q
Line 1 Enter the amount of Line 2 Multiply line 1 by the	of late payment or underpayment	eneral instructions locate	ed in the paper SA1-2 form.	Interest Assessment
Line 1 Enter the amount of Line 2 Multiply line 1 by th Line 3 Multiply line 2 by th Line 4 Multiply line 3 by 0	of late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the su	m here	xda	Interest Assessmen
Line 1 Enter the amount of Line 2 Multiply line 1 by th Line 3 Multiply line 2 by th Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest re	of late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the su 00274** and enter here	m here	x da x da x 0.00274 \$ (interest charge)	
Line 1 Enter the amount of Line 2 Multiply line 1 by th Line 3 Multiply line 2 by th Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest ra contact the Licensing	of late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the su 00274** and enter here) block 1, line 2, or block 2 line 8, or blo	m here	xda xda xda x 0.00274 \$ (interest charge) For further assistance please	
Line 1 Enter the amount of Line 2 Multiply line 1 by th Line 3 Multiply line 2 by th Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest ra contact the Licensing ** This is the decimal e NOTE: If you are filing this	of late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the su 00274** and enter here) block 1, line 2, or block 2 line 8, or blo the chart click on <i>www.copyright.gov/lice</i> Division at (202) 707-8150 or licensing	m here	xda xda xda x 0.00274 \$ (interest charge) For further assistance please r late. o the Copyright Office, please	
Line 1 Enter the amount of Line 2 Multiply line 1 by th Line 3 Multiply line 2 by th Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest ra contact the Licensing ** This is the decimal e NOTE: If you are filing this list below the owner, addre	of late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the su 00274** and enter here) block 1, line 2, or block 2 line 8, or blo the chart click on <i>www.copyright.gov/lice</i> Division at (202) 707-8150 or licensing quivalent of 1/365, which is the interest worksheet covering a statement of acco	m here	xda xda xda x 0.00274 \$ (interest charge) For further assistance please r late. o the Copyright Office, please	
Line 1 Enter the amount of Line 2 Multiply line 1 by th Line 3 Multiply line 2 by th Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest ra contact the Licensing ** This is the decimal e NOTE: If you are filing this	of late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the su 00274** and enter here) block 1, line 2, or block 2 line 8, or blo the chart click on <i>www.copyright.gov/lice</i> Division at (202) 707-8150 or licensing quivalent of 1/365, which is the interest worksheet covering a statement of acco	m here	xda xda xda x 0.00274 \$ (interest charge) For further assistance please r late. o the Copyright Office, please	
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Line 1 Enter the amount of Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0 in space L, (page 6 * To view the interest ra contact the Licensing ** This is the decimal end NOTE: If you are filing this list below the owner, addree Owner	of late payment or underpayment e interest rate* and enter the sum here e number of days late and enter the su 00274** and enter here) block 1, line 2, or block 2 line 8, or blo the chart click on <i>www.copyright.gov/lice</i> Division at (202) 707-8150 or licensing quivalent of 1/365, which is the interest worksheet covering a statement of acco	m here	xda xda xda x 0.00274 \$ (interest charge) For further assistance please r late. o the Copyright Office, please	

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C	Ca Wol	ble rksheet	Total amount of remittance	Number of SAs rec'	d Initials
			Date of remittance	Check CFT	□ FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗆 Janua	ary 1 - June 30, 2017		July 1 - December 31, 2017	
	🗆 Lette	r sent		Information received	
	Accept	oted		Phone call/Date/Contact	
Space B Owner					
	🗆 Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space D Area Served					
	□ Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	🗆 Lette	r sent		Information received	
and Rates		oted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	🗆 Lette	r sent		Information received	
		oted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio		oted		Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	□ Information received	(SA3 only)
□ Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
□ Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
□ Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□ Info/add'l fee received	
□ Accepted	Phone call/Date/Contact	