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

## SA1-2E Short Form

STATEM	FNT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov				
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			02/24/2023	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150					
		SWORDOOK		ALLOCATION NUMBER					
A	ACC	OUNTING PERIOD COVERE	D BY THIS STATEMENT: ()	YYYY/(Period))					
		2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
			Barcode Data Filing Period (optiona	al - see instructions)					
Accounting Period			_						
В		Instructions: Give the full legal name of the owner o title of the subsidiary, not that of the p		osidiary of another corporation, give the full	corporate				
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 single statement of account and royalty		n the last day of the accounting period shoul unting period.					
		Check here if this is the system's first fi	ling. If not, enter the system's ID numbe	er assigned by the Licensing Division.	39992				
		LEGAL NAME OF OWNER/MAIL	NG ADDRESS OF CABLE SYSTE	Μ					
		FT RANDALL CABLE SYSTEMS INC							
		BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)					
		MAILING ADDRESS OF OWNER OF 1104 19TH AVE SW #B	OF CABLE SYSTEM						
		(Number, street, rural route, apartment, or suite WILLMAR, MN 56201	a number)						
	INST	(City, town, state, zip)	siness or trade names used to id	entify the business and operation of t	the system unless these				
С				the system, if different from the addre	2				
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTE	iM:						
	2	(Number, street, rural route, apartment, or suite	e number)						
		(City, town, state, zip code)							
Privacy Act Notic	ce: Sectio	n 111 of title 17 of the United States Code	authorizes the Copyright Office to collect t	the personally identifying information (PII) requ	ested on this				
				,,,,,,,					

Privacy Act Notice: Section 111 of title 1/ 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	FT RANDALL CABLE SYSTEMS INC	399					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	nobile home parks should be reported in parentheses below the					
First	CITY OR TOWN CLEMENTS	STATE MN					
Community	OLEMENTO						
ld Rows as Necessary							

								FORM SA1	TEM ID		
Name											
	FT RANDALL CABLE S	YSTEMS IN	С						3999		
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES						
E	In General: The information in s	•		-		•					
Secondary	system, that is, the retransmission										
Transmission	, <b>,</b>	bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the ist day of the accounting period (June 30 or December 31, as the case may be).									
Service: Sub-	,	·				,	ble system	, broken			
scribers and	<b>Number of Subscribers:</b> 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										
Rates	each category by counting the n separately for the particular serv			0,1				charged			
	Rate: Give the standard rate c							and the			
	unit in which it is generally billed	-	-	•				-			
	category, but do not include disc	ounts allowed	for adva	ance payment.							
	Block 1: In the left-hand block	•		•							
	systems most commonly provide that applies to your system. Not										
	categories, that person or entity			•		0					
	subscriber who pays extra for ca						•				
	first set" and would be counted of	once again und	ler "Serv	vice to addition	nal set(s)."						
	Block 2: If your cable system										
	printed in block 1 (for example, t					,	,,	, 0			
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A t	wo- or thre	e-word descript	ion of the s	service is			
		DCK 1					BLOCK	2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT		
	Residential:	SUBSCRIB	ERO	NATE	CAT	EGORT OF SEP	(VICE	SUBSCRIBERS	INA II		
	Service to first set		10	95.45							
	Service to additional set(s)			33.43							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s						
F	In General: Space F calls for rate	•	'		•						
Г	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										
Services	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.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not										
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.										
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	2VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE		
	Continuing Services:			tion: Non-res			CAILO	DITI OF SERVICE			
	Pay cable	10.95		el, hotel	Jaoman						
	Pay cable—add'l channel	12.00		nmercial							
	Fire protection	.2.00		cable							
	•Burglar protection			cable-add'l cl	hannel						
	Installation: Residential		,	protection							
	First set	20.00		glar protection	1						
	Additional set(s)	20.00		services:	•						
	• FM radio (if separate rate)			connect		20.00					
			- 1180	JULIUCOL		20.00					
	· · · /		• Dise	connect		NI/A					
	Converter			connect		N/A					
	· · · /		• Out	connect let relocation /e to new addi	r000	N/A 20.00 20.00					

ng Period:				FORM SA1-2E. PAGE 3.					
ime				SYSTEM ID# 39992					
	FT RANDALL CABLE SYSTEMS INC 39992 PRIMARY TRANSMITTERS: TELEVISION								
G Primary nsmitters: elevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC m	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (i	<i>t</i> (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub	ime basis under ams [sections tions carried on a ostitute program					
	<ul> <li>station was carried <i>only</i> on a substitute basis.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>								
	<b>Column 3:</b> 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. <b>Column 4:</b> 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					
	W56EL	56	E	REDWOOD FALLS, MN					
	K62AA	62	Ν	REDWOOD FALLS, MN					
is Necessary	KRWF	27	Ν	REDWOOD FALLS, MN					
	K68BJ	68	N	REDWOOD FALLS, MN					
	K42AV	42	1	ST JAMES, MN					
	K44AD	44	Ν	ST JAMES, MN					
	K49HE	49	Ν	ST JAMES, MN					
	K50AB	50	Ν	ST JAMES, MN					
	KWCM	10.4	E	APPLETON, MN					
	KEYC	12.1	N	MANKATO, MN					
	KEYC FOX	12.2	N	MANKATO, MN					
	<b>KLIGIOX</b>	12:2							

FT RANDAL	OWNER OF C							SYSTEM I 399
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing	y the sys be recein at the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during co ge (v) of the g system as a se	!) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the	station is identifi		0 01, 11		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
				Г				

Accounting Perio	od: 2022/2						FOF	RM SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#		
Name	FT RANDALL CABLE	SYSTEMS						39992		
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	3					
I										
	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 avalant is the personal isotropic to the personal isotropic to the personal isotropic to the personal isotropic to the personal substitute basis.									
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Special	<ol> <li>SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program</li> </ol>									
Statement and Program Log	broadcast by a distant station?									
Frogram Log										
	<b>Note:</b> 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	E PROGRA	MS							
	In General: List each subs	titute progra	am on a separa		wherever po	ssible, if t	heir meaning	is		
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") th	at during	the accounti	na		
	period, was broadcast by a	distant stat	ion and that yo	our cable system substitute	d for the pro	gramming	of another s	tation		
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.			Elosi specific prograf		vanipie, i	Love Lucy			
			,	r "Yes." Otherwise enter "N						
				asting the substitute progra ne community to which the		ensed by	the FCC or, i	n		
	the case of Mexican or Car							<b>4</b> -		
	first. Example: for May 7 gi		wnen your sys	stem carried the substitute	program. Use	e numera	is, with the m	onth		
	Column 6: State the time	es when the		gram was carried by your				tely		
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example: a	a program carri	ied by a system from 6:01:	15 p.m. to 6:	28:30 p.m	i. should be			
	Column 7: Enter the lett			was substituted for progra						
	to delete under FCC rules a was substituted for program							gram		
	effect on October 19, 1976		our system wa		r roo rules	anu regui				
	S	WHEN SUBSTITUTE CARRIAGE OCCURRED 7.			7. REASON FOR					
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
							-			
		1					_			
							_			
					·					
		 			·					
					·					

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SI	STEM ID# 39992
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 5,745.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	or this six-mont	l
	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   \$ 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         \$         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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		\$	67.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	φ	07.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		ghts!

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: CABLE SYSTEMS INC		SYSTEM ID# 39992
<b>M</b> Channels	<ol> <li>to its subscriber</li> <li>Enter the tota system carried</li> <li>Enter the tota on which the other</li> </ol>	rs, and (2) the cable system's t al number of channels on which d television broadcast stations al number of activated channel cable system carried television	s broadcast stations	ations 11 39
N Individual to			IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	I
Be Contacted for Further Information	Name	KRISTI HILBRANDS	Tele	ephone 320-847-7104
	Address	1104 19TH AVE SW, (Number, street, rural route, apart WILLMAR, MN 5620' (City, town, state, zip)	ment, or suite number)	
	Email	kristih@hcinet.	net Fax (optional) 320-	847-7123
O Certification	I, the undersign     X     (Own     (Agen     in     (Offi     in     I have examine	ned, hereby certify that (Check of her other than corporation or p int of owner other than corpor- n line 1 of space B and that the of icer or partner) I am an officer ( in line 1 of space B. ad the statement of account and ste, and correct to the best of my tion 1001(1986)] Typed or printed Title:	ust be certified and signed in accordance with Copyright Office regula one, <i>but only one</i> , of the boxes.) <b>partnership)</b> I am the owner of the cable system as identified in line 1 of <b>ation or partnership)</b> I am the duly authorized agent of the owner of the owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified I hereby declare under penalty of law that all statements of fact containen y knowledge, information, and belief, and are made in good faith. <b>X</b> /s/ Bruce Hanson Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) <b>TREASURER</b> (ficial position held in corporation or partnership)	f space B; or e cable system as identified ed as owner of the cable system
		Date:	02/24/2023	

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unting Period: 2022/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ANDALL CABLE SYSTEMS INC	3999
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence:     "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P 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?	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address Name Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 2 Multiply line 1 by the interest rate* and enter the sum here	-
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	
	n 11
Address	
Address ID number First community served	

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