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					
02/24/2023	\$ 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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		FT RANDALL CABLE SYSTEMS INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1104 19TH AVE SW #B ((Number, street, rural route, apartment, or suite number)
		WILLMAR, MN 56201 (City, town, state, zip)
	INSTF	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names	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	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	_	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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Accounting Period:	2022/2	5050000 55 5005 0
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Nume	FT RANDALL CABLE SYSTEMS INC	5215
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future fillings.	t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	COMFREY	MN
Community		
Add Rows as Necessary		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC

SYSTEM ID# 5215

# Ε

#### 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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	18	92.45				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
<ul> <li>Residential</li> </ul>						
Non-residential						

# 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.

 $\textbf{Block 1:} \ \, \textbf{Give the standard rate charged by the cable system for each of the applicable services listed.}$ 

**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	10.95	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	12.00	Commercial			
Fire protection		Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	20.00	Burglar protection			
<ul><li>Additional set(s)</li></ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	20.00		
Converter		Disconnect	N/A		
		Outlet relocation	20.00		
		Move to new address	20.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5215

#### FT RANDALL CABLE SYSTEMS INC

PRIMARY TRANSMITTERS: TELEVISION

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
K46AA	46	E	ST JAMES, MN
KY1AC	41	N	ST JAMES, MN
K30AF	30	N	ST JAMES, MN
K44AD	44	N	ST JAMES, MN
К49НЕ	49	N	ST JAMES, MN
K42AV	42	<u>l</u>	ST JAMES, MN
K50AB	50	N	ST JAMES, MN
KEYC	12.1	N	MANKATO, MN
KEYC	12.2	N	MANKATO, MN
KSMN	20.2	E	WORTHINGTON, MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### FT RANDALL CABLE SYSTEMS INC

E24E

#### PRIMARY TRANSMITTERS: RADIO

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.

Н

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. paper SA1-2 form.

Primary Transmitters: Radio

- 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 STATION
						ļ 	

Accounting Perio	d: 2022/2						FORM	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	FT RANDALL CABLE S	SYSTEMS	INC					5215	
l	In General: In space I, identi substitute basis during the a	UBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  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 explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Substitute	· · · · ·			<u> </u>	ne general ins	dructions in the	e paper SA	1-2 101111.	
Carriage: Special	1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE					
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ır cable system	n carry, on a substitute ba	isis, any nonn	etwork televis	<u>sio</u> n progra	m	
Program Log	broadcast by a distant stat	tion?					YES	× NO	
	Note: If your anguer is "No	" loous the	root of this no.	re blank If your anawer i	o "Voo " vou n				
	<b>Note:</b> If your answer is "No	, leave the	rest of this pag	ge blank. If your answer i	s res, you n	nust complete	tne progra	am	
	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 space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976.		•			-			
	·							T	
	s	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE  CARRIAGE OCCURRED 7. F			7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH 6. TIMES				
		103 01 140	OALL GIGIT	4. 01/(1101/0101010101010101010101010101010	AIVE	TROW	то		
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Accounting Period:				1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC		Sì	STEM IC <b>521</b>						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to cor 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.	lary transm	nission service amount, see	,250.40						
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$5 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 m accounting period is \$52.00	ust pay for	this six-montl							
	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 that	an \$137,10	00)							
	1. Base amount under statutory formula	800.00								
	Enter amount of gross receipts from space K									
	3. Subtract line 2 from line 1									
	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)	· · · · · · · <u> </u>								
	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)									
	Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula	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	· · · · · · <u> </u>								
	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 See page i of the general instructions in the paper SA1-2 form for more	-		ghts!						

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name	FT RANDALL CABLE					SYSTEM ID# 5215
M Channels	to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable system	the cable system's to of channels on which in broadcast stations of activated channels am carried television	otal numb  the cabl  s broadcas		ounting period.	40
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name KRIS	TI HILBRANDS			Telephone 3	20-847-7104
	(Number	19TH AVE SW, , street, rural route, apartr MAR, MN 56201 m, state, zip)	ment, or sui			
	Email	kristih@hcinet.r	net		Fax (optional) 320-847-7123	
	CERTIFICATION (This sta	tement of account mu	ust be cer	tified and signed in accordance with Cop	pyright Office regulations)	
O Certification	• I, the undersigned, hereb	y certify that (Check o	one, <i>but on</i>	ly one, of the boxes.)		
	X (Owner other t	han corporation or p	artnershi	p) I am the owner of the cable system as	identified in line 1 of space B;	or
				artnership) I am the duly authorized agen ot a corporation or partnership; or	nt of the owner of the cable sy	stem as identified
	(Officer or par in line 1 of s		if a corpoi	ration) or a partner (if a partnership) of the	e legal entity identified as owne	er of the cable system
		rrect to the best of my	-	eclare under penalty of law that all stateme ge, information, and belief, and are made i		
			X	/s/ Bruce Hanson		
				electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	d name:	BRUCE HANSON		
		Title: (Title of of		SURER on held in corporation or partnership)		
		Date:			02/24/2023	

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CT I	$D \Lambda I$	$\Lambda$	111	CARI	F SYS	TEME	INIC

RANDALL CABLE	SYSTEMS INC			5215
The Satellite Home V lowing sentence: "In determinin service of pro	EMENT CONCERNING GROSS RECEIPT fiewer Act of 1988 amended Title 17, section 111(d ag the total number of subscribers and the gross are viding secondary transmissions of primary broadca amounts collected from subscribers receiving second	I)(1)(A), of the Copyri mounts paid to the cal ast transmitters, the s	ight Act by adding the fol- ble system for the basic system shall not include sub-	Concerning Gross
For more information located in the paper s	on when to exclude these amounts, see the note of SA1-2 form.	on page (vii) of the ge	eneral instructions	Receipts Exclusion
During the accounting made by satellite care	g period, did the cable system exclude any amount riers to satellite dish owners?	ts of gross receipts fo	or secondary transmissions	
NO YES. Enter the to	otal here and list the satellite carrier(s) below	\$		
Name	Nam			
•	<b>ESSMENT</b> his worksheet for those royalty payments submitted f interest assessment, see page (viii) of the general			Q
Line 1 Enter the am	ount of late payment or underpayment			Interest Assessment
	,,,	_	x	
Line 2 Multiply line	1 by the interest rate* and enter the sum here	· · · · · · · · _		-
			xda	ys
Line 3 Multiply line 2	2 by the number of days late and enter the sum her	re <u> </u>	x 0.00274	<u>-</u>
Line 4 Multiply line 3	3 by 0.00274** and enter here		X 0.00214	
in space L, (p	age 6) block 1, line 2, or block 2 line 8, or block 3 li	ine 6	(interest charge)	-
	rest rate chart click on www.copyright.gov/licensingensing Division at (202) 707-8150 or licensing@loc.		or further assistance please	
** This is the deci	imal equivalent of 1/365, which is the interest asses	ssment for one day la	ate.	
	g this worksheet covering a statement of account a address, first community served, ID number, and a			
Address				
ID number First community serv	ed			
Accounting period				

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