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 COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	02/07/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (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
		ProVision LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 1728 (Number, street, rural route, apartment, or suite number)
		Minot, ND 58702
		(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 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, zp code)

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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	ProVision LLC	61986
D	"a separate and distinct community or municipal entity (including uninc discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	
Area Served	Note: Entities and properties such as hotels, apartments, condominium identified city.	s, or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Des Moines	IA
Community	(Weston)	
	(Pleasant Court)	
dd Rows as Necessary	(Grays Lake)	
	(Plymouth Place)	

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1	TEM II
Name	ProVision LLC	ADEL STOTEM.						010	619
Е	SECONDARY TRANSMISSION								
–	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv							a and the	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc	counts allowed	for adva	ince payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Not	e to their subsc e: Where an in	dividual	or organization	r of subsc i is receivii	nd service that f	or each lis alls under (different	
	categories, that person or entity	should be cour	nted as	a subscriber in	each appl	cable category.	Example:	a residential	
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	s that ind	clude one or mo	ore second	lary transmissio	ns), list the	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A tw	o- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF		DATE	0.17			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Service to first set		6	18.95	Service	to first set		9	72
	Service to additional set(s)		Ŭ.	10.00	0011100				
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		131	10.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES	5				
F	In General: Space F calls for rate	te (not subscrib	per) info	rmation with re	spect to al				
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There and furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur	nit in which it is							
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		ho cable	system for an	ch of tho c	policable convic	oc listod		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	je was n	nade or establi					
	brief (two- or three-word) descrip	otion and includ	de the ra	ite for each.			1		
		BLO	-					BLOCK 2	
	CATEGORY OF SERVICE	RATE		BORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services: Pay cable			tel, hotel	idential				
	Pay cable—add'l channel			mmercial					
	Fire protection		-	/ cable					
	•Burglar protection		-	/ cable-add'l ch	annel				
	Installation: Residential		-	e protection					
	• First set	49.95	• Bur	glar protection					
	 Additional set(s) 		Other s	services:					
	 FM radio (if separate rate) 			connect		27.50			
	Converter			connect					
	• Converter		• Out	connect tlet relocation ve to new addr					

nting Period:	2022/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
	ProVision LLC			61986
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	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 rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "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, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. lel number the FCC assigned to the telev	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESI arried designation. For example, repo	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	RC is channel 4 in Washington, D.C. In case whether the station is a network sering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of the	for network multicast), "I" (for indep or "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WOI	5	N	Ames, IA
	KDSM	17	l	Des Moines, IA
ecessary	KCCI	8	N	Des Moines, IA
	KFPX	39	I	Newton, IA
	KDIN	11	E	Des Moines, IA
	WHO	13	N	Des Moines, IA
	ксш	23	I	Ames, IA

EGAL NAME O		CABLE	SYSTEM:					SYSTEM I 619
	t every radio	station c) arried on a separate and disc enerally receivable by your ca					Н
eceivable if (1) on the basis of For detailed infi- paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio sta this by placin Sive the statio	by the sy be rece ut the Co Il sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which th , the community with which th	at the system's h e system's FM ar this point, see p used by the cable the station is lice	headend, and htenna, during age (v) of the e system as a nsed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
		0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	ProVision LLC							61986
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi					ion that you	ır cahle syste	em carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of th	e general instr	uctions in th	ne paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	ision progran	n
Program Log	broadcast by a distant stat	tion?					YES	× NO
i rogiani 20g	Note: If your answer is "No,	" leave the	rest of this nag	e blank. If your answer is	"Yes " vou mi	ist complete	-	_
			rescortins pag	e blarik. Il your ariswer is	res, you mu	ust complete	e trie prograi	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			e line. Use abbreviations	wherever pos	sible, if the	ir meaning is	;
	clear. If you need more space	ce, please a	add additional r	ows to the tables.			-	
	Column 1: Give the title							
	period, was broadcast by a under certain FCC rules, reg							
	Do not use general categori							1.
	"NBA Basketball: 76ers vs.						-	
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa					nsed by the	e FCC or. in	
	the case of Mexican or Can	adian statio	ns, if any, the c	community with which the	station is ider	ntified).		
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	e numerals,	with the mor	nth
	first. Example: for May 7 giv Column 6: State the time		substitute prov	aram was carried by your	cable system	l ist the tin	nes accurate	hy.
	to the nearest five minutes.							iy
	stated as "6:00–6:30 p.m."					•		
	Column 7: Enter the lette							
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	ining that y				ina regulati		
	S	UBSTITUT	E PROGRAM			EN SUBST	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. ⁻ FROM	TIMES — TO	DELETION
			+		-			
			+				<u> </u>	
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Accounting Period:	2022/2 FORM SA1	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S	61986
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	402.65 receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800. 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. 	
	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 this six-mon accounting period is \$52.00.	
	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	
	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	
	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 Due	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
	EFT Trace # or TRANSACTION ID # 273R62CM	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF ProVision LL	OWNER OF CABLE SYSTEM: C	SYSTEM ID: 61986
M Channels	 to its subscribe Enter the tot system carrie Enter the tot on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	7 30
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	Donelda Koble Telephone 701 8	38-5776
	Address	PO Box 1728 (Number, street, rural route, apartment, or suite number)	
		Minot, ND 58702 (City, town, state, zip)	
	Email	doneldak@visionsystems.tv Fax (optional)	
Certification	(Own (Agen ir X (Offi ir • I have examine are true, comple	hed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Int of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as I line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the I line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	
		X /s/ Darla Whitty Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Darla Whitty Title: Partner (Title of official position held in corporation or partnership)	
		Date: 2-7-23	

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	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Vision LLC	619
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."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusio
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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 neument or underneument	
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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