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	ENT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:				
-		ansmissions by	DATE RECEIVED	AMOUNT				
Cable Syste			_ /_ /	\$	- <u>coplicsoa@loc.gov</u> For additional information,			
General instru	uctions	are located	2/7/23		contact the U.S. Copyright Office Licensing Division at:			
in the first tab	of this	s workbook		ALLOCATION NUMBER	Tel: (202) 707-8150			
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))				
		2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
			Barcode Data Filing Period (optional	I - see instructions)				
Accounting Period								
-	+	Instructions:						
В		Give the full legal name of the owner of t title of the subsidiary, not that of the pare		sidiary 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 for		the last day of the accounting period shoul nting period.	d submit a			
		Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	775			
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ				
		SJOBERGS CABLEVISION INC						
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	Т)				
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM					
		315 MAIN AVE N (Number, street, rural route, apartment, or suite n	umber)					
		THIEF RIVER FALLS, MN 5 (City, town, state, zip)						
С				entify the business and operation of t he system, if different from the addre				
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM	:					
	2	(Number, street, rural route, apartment, or suite n	umber)					
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	SYSTEM ID# 775					
	Instructions: List each separate community served by the cable system. A "co						
D	"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 r identified city.						
		STATE					
First	CITY OR TOWN WARREN	MN					
Community							
Rows as Necessary							

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM ID 77
	SJOBERGS CABLEVIS	ION INC							
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		-		•			
Secondam/	system, that is, the retransmissi about other services (including r								
Secondary Transmission	last day of the accounting period							ang on the	
Service: Sub-	Number of Subscribers: Bot						ble system	ı, broken	
scribers and	down by categories of secondar	,		0 / 1					
Rates	each category by counting the n			•••				s charged	
	separately for the particular servert Rate: Give the standard rate of					•	,	be and the	
	unit in which it is generally billed								
	category, but do not include disc	counts allowed	for adv	ance payment.					
	Block 1: In the left-hand block	•		0					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			•		0			
	subscriber who pays extra for ca	able service to	additior	al sets would l	pe include	d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of								
	Block 2: If your cable system printed in block 1 (for example, the system system)	-		•					
	with the number of subscribers a						,.		
	sufficient.		Ŭ		_	•			
	BL	OCK 1					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		287	96.29	MOTEL	EXTRA SE	Г	28	1.50/
	 Service to additional set(s) 	N/A		N/C					
	• FM radio (if separate rate)	N/A							
	Motel, hotel		1	96.29					
	Commercial		12	96.29					
	Converter	N/A							
	Residential	N/A							
	Non-residential	N/A							
	SERVICES OTHER THAN SEC In General: Space F calls for ra					all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is,	•	,		-	• •			
	service for a single fee. There a	re two exceptio	ons: you	do not need to	o give rate	information con	cerning (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,								
ransmissions:	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				-	-			
Rates	listed in block 1 and for which a	• •			ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) description and include the rate for each.								
	priet (two- or three-word) descri								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	BLO RATE	CATEC	GORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:		CATEC Installa	ation: Non-res		RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEC Installa • Mo	ation: Non-res tel, hotel		RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel		CATEC Installa • Mo • Col	ation: Non-res tel, hotel mmercial		RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEC Installa • Mo • Col • Pay	ation: Non-res tel, hotel mmercial y cable	idential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATEC Installa • Mo • Col • Pay • Pay	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	idential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential		CATEC Installa • Mo • Col • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	idential	RATE	CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		CATEC Installa • Mo • Col • Pay • Pay • Fire • But	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	idential	RATE	CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEC Installa • Mo • Col • Pay • Pay • Fire • Bui Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	idential	RATE	CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		CATEC Installa • Mo • Col • Pay • Fire • Bui Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	idential	RATE	CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEC Installa • Mo • Col • Pay • Pay • Fire • Bui Other • Rea • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	idential	RATE	CATEGO		RATI

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM I			
Name	SJOBERGS CABLEV	ISION INC		7			
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Insmitters: elevision	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: • Do <i>not</i> 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 <i>only</i> 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. <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. 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 (v) of the general instructions in licensed by						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KGFE	2	Е	GRAND FORKS. ND			
	KGFE KXJB	2	E	GRAND FORKS, ND VALLEY CITY/FARGO, ND			
35 Necessary		•••••••••••••••••••••••••••••••••••••••		GRAND FORKS, ND VALLEY CITY/FARGO, ND DEVILS LAKE, ND			
s Necessary	КХЈВ	4	N	VALLEY CITY/FARGO, ND			
Necessary	KXJB WDAZ	4	N	VALLEY CITY/FARGO, ND DEVILS LAKE, ND			
Necessary	KXJB WDAZ KCPM	4 8 5	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND			
Necessary	KXJB WDAZ KCPM KVLY	4 8 5 11	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND			
is Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
; as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
; as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
s as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
vs as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
vs as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
ws as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
ws as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
ws as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			
ws as Necessary	KXJB WDAZ KCPM KVLY KVRR	4 8 5 11 10	N N 1	VALLEY CITY/FARGO, ND DEVILS LAKE, ND GRAND FORKS, ND GRAND FORKS, ND THIEF RIVER FALLS, MN			

SJOBERGS	CABLEVIS		C					7
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C stem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pay ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		0/D				6/D	LOCATION OF STATION	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					
			·					
			·					
		I						

counting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				FO	SYSTEM ID
Name	SJOBERGS CABLEVIS							3131EM1D 77
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting pe	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	r authorizat	ions. For a further
Carriage:	1. SPECIAL STATEMEN				U			
Special					isis, any nonr	network tel	evision pro	ogram
tatement and Program Log	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? The system carry, on a substitute basis, any nonnetwork television program YES YES							
• •	Note: If your answer is "No		rest of this pa	ige blank. If vour answer i	s "Yes." vou r	nust comp	-	
	log in block 2.			0 7				0
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gives	ace, please a of every nor a distant statio egulations, or ries like "mov . Bulls." m was broad sign of the s adcast statio nadian station nth and day v ive "5/7."	add additional nnetwork tele ion and that y r authorization vies" or "bask dcast live, entu station broadco n's location (i nrs, if any, the when your sy	I rows to the tables. vision program ("substitut our cable system substitu ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter sasting the substitute prog the community to which th	e program") ti ted for the pro neral instruct am titles, for e "No." ram. le station is lid e station is lid e program. Us	hat, during ogramming ions for fu example, "l censed by entified). se numera	the account of another ther inform I Love Luc- the FCC c	inting er station nation. y" or or, in e month
		. Example: a						
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the I and regulatic mming that yo	ons in effect d our system w	as permitted to delete und	od; enter the l der FCC rules WHE	etter "P" if and regul	the listed lations in ITUTE	program
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the I and regulation mming that yo b. UBSTITUTE	ons in effect d our system w	luring the accounting perions as permitted to delete uno	od; enter the l der FCC rules WHE CARRI	etter "P" if and regul N SUBST AGE OCC	the listed lations in ITUTE CURRED	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the I and regulation mming that yo b. UBSTITUTE	ons in effect d our system w	luring the accounting perions as permitted to delete uno	od; enter the l der FCC rules WHE	etter "P" if and regul N SUBST AGE OCC	the listed lations in ITUTE	program
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the I and regulation mming that yo UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed lations in ITUTE CURRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the I and regulation mming that yo UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed lations in ITUTE CURRED TIMES	7. REASON F
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Accounting Period:	2022/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC			S	YSTEM ID# 775
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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 receipting gross receipting and the statement in space P concerning gross receipting gross gross receipting gross receipting gross receipting gross receipting gross receipting gross gross receipting gross receipting gross gross receipting gross receipting gross gross gross receipting gross gros	ystem's se on of how t	condary transm o compute this a	ission service amount, see	8,829.57 pss 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 the • Use block 3 if the amount of gross receipts in space K is more than \$263,800 the See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than nformation	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
		on 1 and 2	,		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				<u> </u>
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		168,829.57		
	3. Subtract line 2 from line 1				
	-			69 920 57	
	4. Enter the amount of gross receipts from space K			68,829.57	
	5. Enter the amount from line 3			94,970.43	
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				369.30
	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		\$	369.30
	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				
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	369.30	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	389.30
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC		SYSTEM ID# 775
M Channels	to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which	s broadcast stations	7 180
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTH we can contact about this statement of accourt	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name Richard J Sjoberg	Telephone 21	18-681-3044
	Address 315 Main Ave N (Number, street, rural route, apart Thief River Falls, MN (City, town, state, zip)		
	Email rsjoberg@mnca	able.net Fax (optional) 218-681-6801	
O	 I, the undersigned, hereby certify that (Check of Owner other than corporation or print in line 1 of space B and that the of a contract of the last of th	partnership) I am the owner of the cable system as identified in line 1 of space B; ation or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified as owner I hereby declare under penalty of law that all statements of fact contained herein y knowledge, information, and belief, and are made in good faith. X /s/ Richard J Sjoberg Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) d name: Richard J Sjoberg President Micial position held in corporation or partnership)	stem as identified
	Date:	01/30/2023	

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

Add. Marker OF OWNER OF CARLES YNSTEND: SUBJECT SOLUTION INC SPECIAL STATEMENT COGENENING GROSS RECEIPTS EXCLUSION SPECIAL STATEMENT COGENENING GROSS RECEIPTS EXCLUSION Special Statement Act of 1938 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- toring indexemination of proving 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 Counting page 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? Norme Maring dateses Norme Maring Norme Maring Norme Norme Maring Norme Norme Norme Norme Norm	unting Period: 2022/2	FORM SA1-2E. PAGE 8.
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Statelite theme Viewer Act of 1988 amended Tite 17, section 111(6)(1)(A), of the Copyright Act by adding the following service of providing secondary transmissions of plinary breadcast transmitters, the system shall not include sub- software and amounts obliced from subschedures including yrunning shall not include sub- software and amounts obliced from subschedure traceving secondary transmissions located in the paper SA1-2 form. In determining the total number of subscribers and the gross areceipts for secondary transmissions made by satellite carriers to satellite dish owners? N N N N N N N N N N N N N N N N N N	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(g)(1)(A), of the Capyright Act by adding the following sentences: The determining the total number of subsoribers and the gross amounts paid to the cable system for the basic soribers and mounds runnemission of primary broadcast transmitters. The system shall not include subsoribers are denounds collected from subsoribers receiving secondary transmissions pursuant to section 115.* For more information on when to exclude these amounts, see the note on page (wii) of the general instructions cocated 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 carrier (s) below. Second Second Sec	BERGS CABLEVISION INC	775
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? Image difference distribution of the satellite carrier(s) below. Image difference difference distribution distribution distribution distribution distribution distribution distributions distributions becaled in the paper SA1-2 form. Image difference distribution distribution distributions becaled in the paper SA1-2 form. Image difference distribution distribution distribution distributions becaled in the paper SA1-2 form. Image difference distribution distribution distributions becaled in the paper SA1-2 form. Image difference distribution distributions becaled in the paper SA1-2 form. Image difference distribution distribution distributions becaled in the paper SA1-2 form. Image difference distribution distributions distribution distributions distribution distributions distribution distributions distribution distributions distribution distributions distribution distrestrest distribution distribution distributio	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 	- Special Statement Concerning Gross
Name Mame Maling Address Maling Address INTEREST ASSESSMENT Maling Address You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Q For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment. x	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?	
Maiing Address Maiing Address Image: Address Image	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment or underpayment. Image: Comparison of interest assessment or u		-
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment or underpayment. Image: Comparison of interest assessment Image: Comparison of		
Line 1 Example Line 2 Multiply line 1 by the interest rate* and enter the sum here - x		Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 3 Multiply line 2 by the number of days late and enter the sum here	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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.		
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served		
First community served		

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