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

				Return completed workbook
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
	ems (Short Form)		\$	For additional information, contact the U.S. Copyright
	ctions are located of this workbook	8-16-23	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp	-	iary of another corporation, give the full corpo	vrate title of
Owner	List any other name or names under whic	h the owner conducts the business of th	e cable system.	
	If there were different owners during the statement of account and royalty fee pays	- · ·	e last day of the accounting period should sub iod.	mit a single
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	27874
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	Midcontinent Communications			
	BUSINESS NAME(S) OF OWNER OF	- CABLE SYSTEM (IF DIFFERENT)		

		Midcontinent Communications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 5040
		(Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040
		(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	4	IDENTIFICATION OF CABLE SYSTEM:
	Ĩ	International Falls, MN
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040
		(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.

Accounting Period:	2023/1	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Midcontinent Communications	27874
D Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	is the same as a "community unit" as defined in FCC rules: "a ities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	International Falls	MN
Community	Koochiching County	MN
	Ranier	MN
Add Rows as Necessary	Littlefork	MN

	LEGAL NAME OF OWNER OF CA							FORM SA	TEM IC
Name	Midcontinent Communic							510	2787
Е	SECONDARY TRANSMISSION								
<b>_</b>	In General: The information in sp system, that is, the retransmission			-	•				
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or De	ecember	31, as the ca	se may be	).		-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu			•	•				
Rates	separately for the particular servi							naigeu	
	Rate: Give the standard rate cl							e and the	
	unit in which it is generally billed.	• •	,		ny standaro	d rate variations	within a pa	articular rate	
	category, but do not include disc				rice of eco	ndon transmis	ion convio	that apple	
	Block 1: In the left-hand block systems most commonly provide	•		Ű		-			
	that applies to your system. <b>Note</b>								
	categories, that person or entity						•		
	subscriber who pays extra for cal					in the count und	ler "Service	e to the	
	first set" and would be counted o Block 2: If your cable system h					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a						,		
	sufficient.								
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		1,206	29.00	Busine	ss Accounts		44	29.
	<ul> <li>Service to additional set(s)</li> </ul>				High De	ef Converter		609	3.
	• FM radio (if separate rate)				Nursing	g Homes		48	6.
	Motel, hotel		194	6.00	Hospita	als		31	9.0
	Commercial		166	78.00					
	Converter		644	3.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SECO		SSIME						
-	In General: Space F calls for rat					your cable syst	em's servio	ces that were	
F	not covered in space E, that is, th								
0	service for a single fee. There are	•	-		0				
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually i	nica. Il ally la		arged on a varia	bic per-pro	gram basis,	
ransmissions:	Block 1: Give the standard rate	e charged by th							
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List t	hese other serv	ices in the	form of a	
		BLO				<b>D</b> 4 <b>T</b> 5	0.750	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable	16.00		el, hotel	luentiai	50.00	Cinema	v	16.0
	• Pay cable—add'l channel	16.00		nmercial		50.00 50.00	Digital		10.0
	Fay cable—add i channel     Fire protection			cable		50.00	Showti		16.0
	Burglar protection			cable-add'l ch	nannel		Starz!&		16.0
	•Burgiar protection			protection			TMC		16.0
	First set	50.00		glar protection				orts & Variety	11.0
	Additional set(s)	25.00		ervices:			Digital		4.0
	• FM radio (if separate rate)	20.00		onnect		150.00	·····	Espanol	5.0
	• Converter			connect		-	- gitai		0.0
						-			
			• •••			25.00			
				let relocation ve to new addr	ess	25.00 25.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Midcontinent Commu			27
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: elevision	In General: In space G, ide carried by your cable syster FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each (for independent multicast).	entify every television station (including the m during the accounting period, <i>except</i> ( in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. :: With respect to any distant stations ca lles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the-	(1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepen- "E-M" (for noncommercial education	me basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ons. 'N, etc. Identify each ort multistream the air in its community i noncommercial endent), "I-M"
		n of each station. For U.S. stations, list i dian stations, if any, give the name of the	-	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBJR-DT	19	N	SUPERIOR, WI (NBC)
	KBJR-DT2	19.2	N-M	SUPERIOR, WI (CBS)
	KBJR-DT3	19.3	I-M	SUPERIOR, WI (MNT/HEROES)
ws as Necessary	KQDS-DT	18	I	DULUTH, MN (FOX)
	KQDS-DT2	18.2	I-M	DULUTH, MN (ANTENNA)
	KDLH-DT	33	I	DULUTH, MN (CW)
	WDIO-DT	10	Ν	DULUTH, MN (ABC)
	WDIO-DT2	10.2	I-M	DULUTH, MN (ME TV)
	WDSE-DT	8	Е	DULUTH, MN (PBS)
	WDSE-DT2	8.2	E-M	DULUTH, MN (PBS EXPLORE HD)
	WDSE-DT3	8.3	E-M	DULUTH, MN (PBS CREATE HD)
	WDSE-DT5	8.5	E-M	DULUTH, MN (PBS MN CHL)

Accounting P			10TEN				FOR	M SA1-2E. PAGE 4
Midcontinen								SYSTEM ID 27874
		leation	5					21014
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
For detailed info For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stati	y the sys be receir t the Co sign of e he statio ion's sigr	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process	t the system's system's FM a his point, see	headend, and (; antenna, during c page (v) of the c	2) it can t ærtain sta general ir	be expected, ated intervals. Istructions in the.	Primary Transmitters: Radio
Column 4: G	Give the station	n's locatio	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIG	N AM or FM	S/D	LOCATION OF STATION	
						+		
						1		
						-+		
						+		
						.+		
						-+		
						1		
						-+		
						+		

Accounting Perio						FC	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:				SYSTEM ID#
Name	Midcontinent Commur	nications					27874
I	SUBSTITUTE CARRIAGE	-	-				
	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	cific present and former F	CC rules, regula	ations, or authorizations	s. For a further
Substitute	explanation of the programm	-			e general instru	uctions in the paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	<ul> <li>During the accounting per</li> </ul>	•	ir cable system	carry, on a substitute bas	sis, any nonne	twork television progra	
Program Log	broadcast by a distant star	tion?				YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	s "Yes," you mu	ust complete the prog	ram
	log in block 2.			•			
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning	is
	clear. If you need more spa						
	<b>Column 1:</b> Give the title period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs. Column 2: If the program	n was broad					
	Column 3: Give the call						
	Column 4: Give the broat the case of Mexican or Can						n
	Column 5: Give the mor						onth
	first. Example: for May 7 giv	/e "5/7."					
	Column 6: State the time						tely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:2	8:30 p.m. should be	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	ramming that v	our system was <i>requi</i>	red
	to delete under FCC rules a						
	was substituted for program		/our system wa	s permitted to delete und	er FCC rules a	and regulations in	
	effect on October 19, 1976.						
	9		TE PROGRAM			EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
		<b>_</b>					
		+					
		+					
		+					
		+					
						_	
		+					
		<b>_</b>					
						_	
		<b>†</b>					
						_	

Accounting Period:	2023/1				6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			:	SYSTEM ID#
	Midcontinent Communications				27874
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 si (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 receipts	ystem's see n of how to	condary transmi compute this a	ssion service mount, see \$ 2	
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	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 lin	es 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				<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 l	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	286,763.87		
	2. Base amount under statutory formula	\$	263,800.00		
		\$	22,963.87		
	4. Multiply line 3 by .01		\$	229.64	
	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		\$	1,548.64
	FILING FEE AND TOTAL REMITTANCE DU	F			
		-			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,548.64	
	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			\$	1,568.64
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				jhts!

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Communications				SYSTEM ID# 27874
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	ers, and (2) the cable system's	total numbe th the cable is els on broadcas	st stations	counting period.	12 228
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of accou		RMATION IS NEEDED (Identify an inc	lividual to whom	
for Further Information	Name	Rachel Meyer			Telephone 95	52-844-2655
	Address	3600 Minnesota Driv (Number, street, rural route, apartu Edina, MN 55435				
	Email	(City, town, state, zip) rachel.meyer@	midco.com	1	Fax (optional	
O Certification	I, the undersign     (Own     (Ager     X     (Offic     I have examine     are true, comple	ed, hereby certify that (Check or er other than corporation or p at of owner other than corpora in line 1 of space B and that th cer or partner) I am an officer (i in line 1 of space B. d the statement of account and I ete, and correct to the best of m tion 1001(1986)] Typed or printed Title:	ne, <i>but only</i> <b>artnership)</b> <b>ation or part</b> e owner is n if a corporati hereby decla y knowledge <u>X</u> Enter an ele Enter signa d name: <b>Directo</b>	ied and signed in accordance with Co one, of the boxes.) () I am the owner of the cable system as thership) I am the duly authorized age tot a corporation or partnership; or tion) or a partner (if a partnership) of the are under penalty of law that all stateme e, information, and belief, and are made (/s/ Rachel Meyer ectronic signature on the line above to co ature using an "/s/ signature" (e.g., /s/ Jo Rachel Meyer or of Programming position held in corporation or partnership)	identified in line 1 of space B; or nt of the owner of the cable syste e legal entity identified as owner of ents of fact contained herein e in good faith.	em as identified
		Date:			August 13, 2023	

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unting Period: 2023/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
continent Communications	2787
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 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 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?         X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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Line 1 Enter the amount of late payment or underpayment	

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