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				
8-16-23	\$ 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	ACCOUNTING 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)						
Accounting 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.	28896					
		1						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		Midcontinent Communimications						
		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 un salready 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:						
	ı	Beulah, ND						
		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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		28896
	Midcontinent Communimications	
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commu	
	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	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Beulah	ND
Community	Center	ND ND
Community		
	Dodge	ND
Add Rows as Necessary	Gladstone	ND
	Golden Valley	ND
	Halliday	ND
	Hazen	ND
	Killdeer	ND
	Pick City	ND ND
	Richardton	ND
	Riverdale	ND ND
	Stanton	ND
	Turtle Lake	ND
	Underwood	ND
	Zap	ND

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communimications

SYSTEM ID# 28896

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			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,323	29.00	High Def Converters	1,392	\$3.00	
Service to additional set(s)			Hospitals	19	4.00	
• FM radio (if separate rate)			Nursing Homes	104	13.00	
Motel, hotel	88	8.00	Business accounts	84	29.00	
Commercial	121	78.00				
Converter	1,753	3.00				
Residential						
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.

Block 1: 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	16.00	Motel, hotel	499.00	Digital 1	10.00
 Pay cable—add'l channel 		Commercial	499.00	Digital Variety	4.00
 Fire protection 		• Pay cable		Digital Espanol	5.00
•Burglar protection		Pay cable-add'l channel		Digital Sports & Variet	11.00
Installation: Residential		Fire protection		Cinemax	16.00
• First set	50.00	Burglar protection		Showtime	16.00
 Additional set(s) 		Other services:		Starz & Encore	16.00
• FM radio (if separate rate)		Reconnect	150.00	TMC	16.00
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28896

Midcontinent Communimications 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
KBMY-DT	17	N	BISMARCK, ND (ABC)
KBMY-DT2	17.2	I-M	BISMARCK, ND (TrueCrime)
KFYR-DT	31	N	BISMARCK, ND (NBC)
KFYR-DT2	31.2	I-M	BISMARCK, ND (FOX-KNDX)
KNDB-DT1	24.1	I-M	BISMARCK, ND(COZI TV)
KSRE-DT	40	Е	MINOT, ND (PBS)
KSRE-DT2	40.2	E-M	MINOT,ND(PBS WRLD/LIFE)
KSRE-DT3	40.3	E-M	MINOT, ND (PBS MN HD)
KSRE-DT4	40.4	E-M	MINOT, ND (PBS KIDS)
KXMB-DT	12	N	BISMARCK, ND (CBS)
KXMB-DT2	12.2	I-M	BISMARCK, ND (CW)
KBMY-DT3	17.3	I-M	BISMARCK,ND(WDAY XTRAHD)
KFYR-DT3	31.3	I-M	BISMARCK, ND (ME TV)
KXMC-DT	13	N	MINOT, ND (CBS)
KXMC-DT2	13.2	I-M	MINOT, ND (CW)
KQCD-DT	7	N	DICKINSON, ND (NBC)
KQCD-DT2	7.2	N	DICKINSON, ND (FOX)
KQCD-DT3	7.3	I-M	DICKINSON, ND (ME TV)
KXMA-DT	19	I	DICKINSON, ND (CW)
KXMA-DT2	19.2	N-M	DICKINSON, ND (CBS)
KXMA-DT3	19.3	I-M	DICKINSON, ND (LAFF)
KFYR-DT4	31.4	I-M	BISMARCK, ND (CIRCLE)
KXMB-DT3	12.3	I-M	BISMARCK, ND (LAFF)
KXMB-DT4	12.4	I-M	BISMARCK, ND (ION-MYSTERY)
KXMC-DT3	13.3	I-M	MINOT, ND (LAFF)
KXMC-DT4	13.4	I-M	MINOT, ND (ION-MYSTERY)

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communimications

PRIMARY TRANSMITTERS: TELEVISION

FORM SA1-2E. PAGE 3.

SYSTEM ID#

28896

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KXMA-DT4	19.4	I-M	DICKINSON, ND (ION-MYSTERY)

Midcontinent Communimications

28896

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).

		0:-		1	=		I
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			 				
							

Accounting Perio	Period: 2023/1 FORM SA1-2E. PAGE 5.						
Name	LEGAL NAME OF OWNER OF (SYSTEM ID#
Name	Midcontinent Commun	imication	ıs				28896
	SUBSTITUTE CARRIAGE	· SPECIA	I STATEMEN	T AND PROGRAM I OG	<u> </u>		
Substitute	In General: In space I, identifi substitute basis during the ac	JBSTITUTE 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 distitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further blanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.					
Carriage:	1. SPECIAL STATEMENT	_					
Special Statement and	During the accounting peri				is, any nonnet	work television prograi	n
Program Log	broadcast by a distant stat	ion?				YES	X NO
	Note: If your answer is "No"	'. leave the	rest of this pac	e blank. If your answer is	"Yes." vou mu	ist complete the progra	
	log in block 2.	,		,	, ,	iot complete alle plogle	
	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 "517." 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.				II WHE	N SUBSTITUTE	
	s	UBSTITUT	E PROGRAM	I	CARRI	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. TIMES FROM — TO	DELETION
						_	
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ccounting Period:	2023/1				SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communimications				SYSTEM II 2889			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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.	system's sion of how	secondary transmi to compute this a	ssion service mount, see				
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	63,800				
	BLOCK 1: GROSS RECEIPTS OF \$1:	37,100 OF	RLESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00			is six-month				
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 1 and	2	· · <u> </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	,	·	100)				
	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				<u>-</u>			
	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 \$26	63,800 (bu	it less than \$527	,600)				
	Enter the amount of gross receipts from space K	. \$	382,215.92					
	2. Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	118,415.92					
	4. Multiply line 3 by .01		\$	1,184.16	_			
	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		\$	2,503.16			
	FILING FEE AND TOTAL REMITTANCE D	UE						
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,503.16	-			
Due	Filing Fee (See the instructions for more information on filing fee calculations)		<u></u> \$	20.00	<u>. </u>			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,523.16			
	Important: Your remittance must be in the form of an electronic page i of the general instructions in the paper SA				ghts!			

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7.			
Name		OWNER OF CABLE SYSTEM: Communimications	SYSTEM ID# 28896			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 392					
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)				
for Further Information	Name	Rachel Meyer Telephone	952-844-2655			
	Address	3600 Minnesota Drive, Suite 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435 (City, town, state, zip)				
	Email	rachel.meyer@midco.com Fax (optional				
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)				
O Certification	• I, the undersigned	ed, hereby certify that (Check one, but only one, of the boxes.)				
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	; or			
	(Agen	t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	rstem as identified			
	X (Offic	ter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.	er of the cable system			
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]					
	ĺ	X /s/ Rachel Meyer				
		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: Rachel Meyer				
		Title: Director of Programming (Title of official position held in corporation or partnership)				
		Date: August 14, 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 fling, a determination that would be made by a court of law.

ccounting Period: 2023/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communimications	28896
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system service and amounts collected from subscribers receiving secondary transmissions put. For more information on when to exclude these amounts, see the note on page (vii) of the general secondary transmissions.	e system for the basic tem shall not include sub-rsuant to section 119." Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners? X NO	secondary transmissions
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late part of an explanation of interest assessment, see page (viii) of the general instructions located in	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	×
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>
	xdays
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
	x 0.00274
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	(interest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	further assistance please
** 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 list below the owner, address, first community served, ID number, and accounting period as gi	., ,
Owner	
Address	
ID number	
First community served	
Accounting period	

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