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.

		Return completed workbook by
FOR COPYRIGHT	OFFICE USE ONLY	email to
DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
9/6/23	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
	ALLOCATION NUMBER	(202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2023/1 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
	Cable Services, Inc
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 608 (Number, street, rural route, apartment, or suite number)
	Jamestown, ND 58402-0608
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:
	aka: CSi
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip 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.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.
News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Cable Services, Inc	3570
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated c unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s	nunity" is the same as a "community unit" as defined in FCC rules: "a ommunities within unincorporated areas and including single, discrete
	community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob city.	le home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First Community	VALLEY CITY	ND
Add Rows as Necessary		

								_	A1-2E. PAG
Name	LEGAL NAME OF OWNER OF CA	ADLE STSTEM.						51	312101
	Cable Services, Inc								
Е	SECONDARY TRANSMISSION								
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Fransmission	last day of the accounting period		-						
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							charged	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed.	· · ·	,		y standaro	d rate variations	within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ndary transmis	cion convi	ce that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					in the count une	der "Serv	ce to the	
	Block 2: If your cable system h					service that are	different	from those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tw	o- or three	e-word descripti	on of the	service is	
	sufficient.	OCK 1					BLOO	к 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:		404	10.00					
	Service to first set		481	43.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		2	2.00					
	Commercial Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES					
F	In General: Space F calls for rat	•	,		•	• •			
Г	not covered in space E, that is, the					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•			0		0.	,	
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rales	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATE	GORY OF SERVIC	E RA
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	16.50	• Mot	tel, hotel		30.00			
	Pay cable—add'l channel		• Cor	mmercial					
	Fire protection		• Pay	/ cable					
			• Pay	/ cable-add'l ch	annel				
	 Burglar protection 								
	•Burglar protection Installation: Residential		• Fire	e protection					
	• •	30.00	• Bur	glar protection					
	Installation: Residential		• Bur	•					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s	glar protection		30.00			····
	Installation: Residential • First set • Additional set(s)		• Bur Other s • Rec • Dise	glar protection services: connect connect		30.00			····
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec • Dise	glar protection services: connect		30.00 30.00			

ng Period: 2	-			FORM SA1-2E. PAGE 3		
ame	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM ID 357(
	Cable Services, Inc PRIMARY TRANSMITTERS:			5570		
G mary mitters: vision	In General: In space G, id 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 r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	entify every television station (including the m during the accounting period, except in in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations can ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s in's call sign. <i>Do not</i> report origination pr id with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network prog (e)(2) and (4))]; and (2) certain stat ried by your cable system on a su e Special Statement and Program both on a substitute basis and al- see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting ove tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. iPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
kj	kjrr-dt	7.1	n-m	JAMESTOWN, ND		
	KJRR-DT	7.2	N-M	JAMESTOWN, ND		
Necessary	WDAU-DT	21.1	N-M	FARGO, ND		
	WDAY-DT	21.2	N-M	FARGO, ND		
	KFME-DT	13.1	N-M	FARGO, ND		
	СВЖТ	6	N-M	PERMITTED FOREIGN CBC CA		
	KVLY-DT	36.1	N-M	FARGO, ND		
	KVLY-DT	36.2	N-M	FARGO, ND		
	KVLY-DT	36.3	N-M	FARGO, ND		
	K28MA-DT	28.2	N-M	FARGO, ND		
	K28MA-DT	28.3	N-M	FARGO, ND		
	KRDK-DT	24.1	N-M	VALLEY CITY/FARGO, ND		
	WDAY-DT	21.3	N-M	FARGO, ND		
			14 141			

LEGAL NAME O			YSTEM:						M SA1-2E. PAGE System II
Cable Servi	ces, Inc								35
n General: Lis		station ca	rried on a separate and discr nerally receivable by your cab						Н
eceivable if (1) in the basis of for detailed inf aper SA1-2 fo Column 1: 1 Column 2: 5 Column 3: 1 ignal, indicate Column 4: 0) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be recei it the Cop sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. In al was electronically process at mark in the "S/D" column. In the community to which the the community with which the	t the syste his p sed b	e system's hea em's FM anter point, see page by the cable sy tation is license	idend, and (2) nna, during ce e (v) of the gen vstem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
(PRJ	FM	X	JAMESTOWN, ND		ONEE OFOIT		0,0		
	<u> </u>	<u></u>							
	+								
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Accounting Perio	d: 2023/1					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	Cable Services, Inc						3570
			07475145				
1	SUBSTITUTE CARRIAGE	-	-				
I	In General: In space I, identit substitute basis during the ac						
Substitute	explanation of the programmi						
Carriage:	1. SPECIAL STATEMENT				- 5	F_F_F	
Special	During the accounting per				sis any nonn	etwork television prog	am
Statement and	broadcast by a distant stati	-		ourly, on a substitute bat	no, any norm		
Program Log	,					YES	
	Note: If your answer is "No,	" leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	nust complete the prog	ram
	log in block 2.						
	2. LOG OF SUBSTITUTE			to line. I lee alabaaniatione		anihin if thair manufactor	
	In General: List each subst clear. If you need more spa				wherever po	ssible, il their meaning	j is
				ision program ("substitute	program") th	at, during the account	ing
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	ed for the pro	gramming of another s	station
	under certain FCC rules, re Do not use general categor	gulations, o	r authorization	s. See page (v) of the ger	neral instructions for a	ons for further informa	tion.
	"NBA Basketball: 76ers vs.	es like mo Bulls."	vies of baske	abali. List specific progra	m uues, ior e	xample, TLove Lucy	01
			dcast live, ente	r "Yes." Otherwise enter "	No."		
				asting the substitute progra			
	Column 4: Give the broat the case of Mexican or Can			ne community to which the			in
				tem carried the substitute			nonth
	first. Example: for May 7 giv		mion your eye		program oo		
	Column 6: State the time	es when the		gram was carried by your			ately
	to the nearest five minutes.	Example: a	a program carri	ed 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."	er "R" if the	listed program	was substituted for progr	amming that	vour system was requ	ired
	to delete under FCC rules a						
	was substituted for program						0
	effect on October 19, 1976.						
					WHE	EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION S LOCATION	AND DAY	FROM — TO	
						<u>-</u>	
							
						_	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2023/1 FORM SA	1-2E. PAGE 6.
Name		YSTEM ID#
	Cable Services, Inc	3570
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.	1,747.43 ss receipts)
	COPYRIGHT ROYALTY FEE	
L 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-month 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	
	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 # 277FP02P	
	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:	2023/1									FORM SA1-2E. PAG
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: s, Inc								SYSTEM 35
M Channels	to its subscribe 1. Enter the tota system carrie 2. Enter the tota on which the	You must give (1) the numbe rs, and (2) the cable system' al number of channels on wh ed television broadcast static al number of activated chanr cable system carried televis dcast services	s total nun ich the cal ns els ion broado	mber of Ible 	activated cha	nnels during th	e accou	Inting period.	s	13 90
N Individual to Be Contacted		O BE CONTACTED IF FUR about this statement of acco		ORMA	TION IS NEED	DED (Identify a	n indivio	dual		
for Further Information	Name	ROY A SHEPPARD						Telephone	e 701-320-22	225
	Address	PO BOX 608 (Number, street, rural route, apa JAMESTOWN, ND \$ (City, town, state, zip)			ber)					
	Email	ROYS@CSIC	ABLE.NE	T			F	ax (optional		
O Certification	I, the undersigned (Owned (Agentic X (Offic I have examined	(This statement of account r ed, hereby certify that (Check of er other than corporation or p t of owner other than corpor in line 1 of space B and that the er or partner) I am an officer in line 1 of space B. If the statement of account and ite, and correct to the best of m ion 1001(1986)]	one, <i>but onl</i> partnershi ation or pa ne owner is (if a corpor hereby dec	ily one , i ip) I am partnersI s not a c ration) o	of the boxes.) the owner of th hip) I am the d corporation or p or a partner (if a	ne cable system uly authorized a partnership; or partnership) of law that all state	as iden gent of t the lega	tified in line 1 of space B the owner of the cable s al entity identified as own of fact contained herein	; or ystem as identifie	
			Enter sig	n electro gnature	using an "/s/ si	n the line above gnature" (e.g., /		fy this statement. Smith)	-	
		Typed or printe Title:	PRES	BIDEN		PARD)			
		Date:						08/28/2023		

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unting Period: 2023/1	SYSTEMI
le Services, Inc	357
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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119	c Special Statemen
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 transmissi made by satellite carriers to satellite dish owners?	ions
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	n. Q Interest Assessme
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	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessme days
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	n. Q Interest Assessme days ge)
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	n. Q Interest Assessme days ge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 forr Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessme - days - ge) ease
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 forr Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessme - days - ge) ease

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