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	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.	39621					
		1						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		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 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:						
		Vermillion, 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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Hamo	Midcontinent Communications	396
D	Instructions: List each separate community served by the cable system. A "community" i separate and distinct community or municipal entity (including unincorporated communiunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	ties within unincorporated areas and including single, discret as a form of system identification hereafter known as the "firs
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identifie
Served	city.	
00.100		
	CITY OR TOWN	STATE
First	Vermillion	MN
Community	Cannon Falls Township	MN
	Coates	MN
Rows as Necessary	Hampton	MN
	Marshan Township	MN
	Nininger Township	MN
	Randolph	MN
	Randolph Township	MN
	Ravenna Township	MN
	Rosemount	MN
	Stanton Township	MN
	Vermillion Township	MN
	Wanamingo	MN
	Trailumigo	

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

SYSTEM ID# 39621

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

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.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	661	29.00	Business Accounts	17	78.00	
 Service to additional set(s) 			High Def Converter	648	3.00	
• FM radio (if separate rate)						
Motel, hotel						
Commercial	11	78.00				
Converter	776	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		Dig Sports & Vareity	11.00
Burglar protection		Pay cable-add'l channel		Starz!&Encore	16.00
Installation: Residential		Fire protection		Cinemax	16.00
First set	50.00	Burglar protection		TMC	16.00
Additional set(s)	25.00	Other services:		Digital Espanol	5.00
 FM radio (if separate rate) 		Reconnect	150.00		
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# 39621

4. LOCATION OF STATION

Midcontinent Communications PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
KARE-DT3	11.3	I-M	MINNEAPOLIS, MN (TrueCrime)
KARE-DT4	11.4	I-M	MINNEAPOLIS, MN (QUEST)
KSTC-DT	30	l	MINNEAPOLIS, MN (IND-45)
KSTC-DT3	30.3	I-M	MINNEAPOLIS, MN (ME TV)
KSTC-DT4	30.4	I-M	MINNEAPOLIS,MN(GET TV)
KSTC-DT6	30.6	I-M	MINNEAPOLIS, MN(THIS TV)
KMSP-DT	9	l	MINNEAPOLIS, MN (FOX)
KMSP-DT4	9.4	I-M	MINNEAPOLIS, MN (BUZZR)
KSTP-DT	35	N	ST PAUL, MN (ABC)
KSTP-DT7	35.7	I-M	ST PAUL, MN (HEROES)
KTCA-DT	34	E	ST PAUL, MN (PBS)
KTCA-DT3	34.3	E-M	ST PAUL, MN (PBS TPT KIDS HD)
KTCA-DT4	34.4	E-M	ST PAUL , MN (PBS TPT NOW HD)
KTCI-DT3	23.3	E-M	ST PAUL ,MN (PBS TPT LIFE)
KTCI-DT6	23.6	E-M	ST PAUL, MN (PBS TPT MN)
WCCO-DT	32	N	MINNEAPOLIS, MN (CBS)
WCCO-DT2	32.2	I-M	MINNEAPOLIS, MN (StartTV)
WFTC-DT	9.2	l	MINNEAPOLIS, MN (MNT)
WFTC-DT4	9.3	I-M	MINNEAPOLIS, MN (MOVIES)
WFTC-DT7	9.7	I-M	MINNEAPOLIS,MN(FOX WEATHER)
WUCW-DT	22	l	MINNEAPOLIS, MN (CW)
WUCW-DT2	23.2	I-M	MINNEAPOLIS, MN (COMET)
WUCW-DT3	23.3	I-M	MINNEAPOLIS, MN (CHARGE)
WUCW-DT4	23.4	I-M	MINNEAPOLIS, MN (TBD TV)
KMSP-DT5	9.5	I-M	MINNEAPOLIS, MN (THE GRIO)

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 39621 **Midcontinent Communications** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: substitute program basis, as explained in the next paragraph. Television 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 KMSP-DT6 MINNEAPOLIS, MN (CATCHY COM) 9.6 I-M

I-M

32.3

MINNEAPOLIS, MN (DABL)

WCCO-DT3

Midcontinent Communications

39621

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).

	I			T a	I	o :-	I
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			 				
		L					
		ļ					
		L					
	I	[

d: 2023/1						FOF	RM SA1-2E. PAGE 5.
		EM:					SYSTEM ID# 39621
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carriage: Special Statement and Program Log Note: If you receive is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 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 in the grown 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: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). 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							
s	UBSTITUT	I	1	CARRI	AGE OC	CURRED	7. REASON FOR DELETION
1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY			
	Midcontinent Commun SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: 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 Column 3: Give the call: Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	Midcontinent Communications SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every non substitute basis during the accounting perexplanation of the programming that mustant substitute basis during the accounting perexplanation of the programming that mustant substitute basis during the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progracelear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant stati under certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the second of Mexican or Canadian station Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	Midcontinent Communications SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this pag log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional of the column 1: Give the title of every nonnetwork telev period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your sys first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carri stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a substitute basis during the accounting period, under specific present and former FCC explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is " log in block 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations of clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast live, enter "Yes." Otherwise enter "Nea Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Nea Basketball: 76ers vs. Bulls." 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 the case of Mexican or Canadian stations, if any, the community to which the the case of Mexican or Canadian stations, if any, the community to which the the case of Mexican or Canadian stations, if any, the community to which the the case of Mexican or Canadian stations is location (the community to which the the case of Mexican or Canadian stations is location (the community to which the the case of Mexican or Canadian stations in effect during the substitute program to delete under FCC rules and regulations in effect during the accounting period; was substituted for programming that your system was permitted to delete under effect on October 19, 1976. SUBSTITUTE PROGRAM 1.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant statio substitute basis during the accounting period, under specific present and former FCC rules, regula explanation of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the program of the program of the program of the program of a substitute basis, any nonnet broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you mulog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever post 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 period, was broadcast by a distant station and that your cable system substituted for the program under certain FCC rules, regulations, or authorizations. See page (v) of the general instruction Do not use general categories like "movies" or "basketball." List specific program titles, for exe "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community to which the station is lice the case of Mexican or Canadian stations, if any, the community with which the station is lice the case of Mexican or Canadian stations, if any, the community with which the station i	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis during period, did your cable system carry, on a substitute basis, any nonnetwork televibroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 to period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I I "NBA Basketball: "Fors 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. Use numerals first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by superioristic program. Use numerals first. Example: for May 7 give "57." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the le	BUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograting in block 2. 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 substitute for the programming of another staunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic 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 locensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is locensed by the FCC or, in the case of Mexican or Canadian stations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that

	2023/1					A1-2E. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications					3962		
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 tra during the accounting period					3,097.68 ross 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 • Use block 2 if the amount of gross receipts in space K • Use block 3 if the amount of gross receipts in space K See page (vi) of the general instructions located in the paper	is more than \$137,100 but is more than \$263,800 but	ut less thar		263,800			
	BLOCK 1: GROS	SS RECEIPTS OF \$137,	100 OR L	ESS				
	Instructions: As a cable system with gross receipts of \$13 accounting period is \$52.00	37,100 or less, the royalty fo	ee that you	must pay for th	nis six-month			
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, spa	ace Q, page 8				0.00		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOU	JNTING PERIOD. Add line	s 1 and 2 .					
	BLOCK 2: GROSS RECEIPTS	S OF \$263,800 OR LESS	S (but moi	re than \$137,	100)			
	Base amount under statutory formula	· · · · · · · · <u> </u>	\$	263,800.00	=			
	2. Enter amount of gross receipts from space K	<u> </u>	\$	193,097.68	=			
	3. Subtract line 2 from line 1	<u> </u>	\$	70,702.32	_			
	4. Enter the amount of gross receipts from space K		· · · · · · · <u>-</u>	\$	193,097.68			
	5. Enter the amount from line 3		· · · · · · .	\$	70,702.32			
	6. Subtract line 5 from line 4		_	\$	122,395.36			
	7. Multiply line 6 by .005 (enter figure here)				\$	611.98		
	8. Interest charge. Enter the amount from line 4, space C	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 le	ess than \$527	7,600)			
	Enter the amount of gross receipts from space K	<u> </u>			_			
	Base amount under statutory formula	···· _	\$	263,800.00	_			
	3. Subtract line 2 from line 1	<u> </u>			_			
	4. Multiply line 3 by .01		<u>.</u>					
	5. Royalty due on the first \$263,800 of gross receipts (une	der statutory formula)		\$	1,319.00			
	6. Interest charge. Enter the amount from line 4, space C	Q, page 8	<u>.</u>		0.00			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTIN	NG PERIOD. Add lines 4,	5, and 6					
	FILING FEE AND TO	TAL REMITTANCE DUE						
Filing Fee and				_				
otal Remittance	Royalty Fee Payable for Accounting Period (from Block	k 1, 2, or 3, above)	· · · · · · · · · · · · · · · · · · ·	\$	611.98			
Due	2. Filing Fee (See the instructions for more information or	n filing fee calculations)	······ <u>-</u>	\$	20.00			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD	. Add lines 2 and 3			\$	631.98		
	Important: Your remittance must be in the for See page i of the general instru					hts!		

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: Communications	SYSTEM ID# 39621
M Channels	to its subscribe 1. Enter the tot- system carri 2. Enter the tot- on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable ed television broadcast stations. al number of activated channels cable system carried television broadcast stations ideast services.	28 367
N Individual to Be Contacted		O 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, STE 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 undersign	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	stem as identified
	X (Office	cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.	er of the cable system
	are true, comple	d the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	· 	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.

ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communications	39621
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."	Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
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 Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	_
*	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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 \$	
(interest charge)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 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	
First community served	
Accounting period	

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