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
07/31/2023	\$ 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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))											
		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 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 & CELLULAR COMMUNICATIONS, LLC											
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)											
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. BOX 280											
		umber, street, rural route, apartment, or suite number)											
	CIRCLE, MT 59215 (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	1	IDENTIFICATION OF CABLE SYSTEM:											
		MAILING ADDRESS OF CABLE SYSTEM:											
	2	(Number, street, rural route, apartment, or suite number)											
		(City, town, state, zip code)											

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Accounting Period:	2023/1	FORM ON AFF PAGE 41-
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE & CELLULAR COMMUNICATIONS, LLC	FORM SA1-2E. PAGE 1b.  SYSTEM ID#  6098
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	ry" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single,
Area	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile holidentified city.	ome parks should be reported in parentheses below the
Served	, and the second	
First Community	CITY OR TOWN GLENDIVE	STATE MT
Add Rows as Necessary		

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6098

### **CABLE & CELLULAR COMMUNICATIONS, LLC**

## 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						
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
Service to first set	646	46.95						
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel	29	13.50						
Commercial								
Converter								
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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		CHOICE	#####
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		ULTIMATE	#####
Fire protection		Pay cable		STARZ/ENCORE	21.95
•Burglar protection		Pay cable-add'l channel		SHOWTIME/TMC	24.95
Installation: Residential		Fire protection		HBO	29.95
• First set	25.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation			
		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#

### **CABLE & CELLULAR COMMUNICATIONS, LLC**

6098

G

Primary Transmitters: Television 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
KXGN	5.1	N	Glendive, MT
KUSM	16	E	Bozeman, MT
KXGN-DT2	5.2	N	Glendive, MT
KUMV	8	N	Williston, ND
KSVI	18	N	Billings, MT
КНМТ	22	N	Billings, MT
KTVQ-CW	10	N-M	Billings, MT
KUMV-Me.TV	8	N-M	Billings, MT
KXGN-DT1-HD	5.1	N	Glendive, MT
KXGN-DT2-HD	5.2	N	Glendive, MT
KHMT-HD	2.2	N	Billings, MT
KSVI-HD	18	N	Billings, MT
KTVQ CW-HD	10	N-M	Billings, MT
KUSM-HD	16	E	Bozeman, MT
KUMV-HD	8	N	Williston, ND
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **CABLE & CELLULAR COMMUNICATIONS, LLC**

609

### 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	od: 2023/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CABLE & CELLULAR	COMMUN	NICATIONS,	LLC				6098
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta  Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUT In General: List each subs clear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs	tify every no accounting prining that mu T CONCEI riod, did you ation?  T', leave the E PROGRA stitute prograce, please of every no a distant state gulations, viries like "mo	nnetwork televineriod, under spist be included RNING SUBS ur cable system e rest of this paramon a separadd additional and that your authorization	ision program, broadcast by proceeding present and former F in this log, see page (v) of the strict	y a distant stare CC rules, reg the general instruct sais, any nones "Yes," you use wherever pee program") to ted for the presentations truct	ulations, o structions in network te must compossible, if hat, during ogrammin ions for fu	relevision progression progres	ns. For a further SA1-2 form.  Iram  X  NO  gram  g is  ting station ation.
	Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m."	sign of the adcast statinadian statinth and day ive "5/7." hes when the Example: ter "R" if the and regulatemming that	station broadd ion's location ( ons, if any, the when your sy e substitute pr a program car e listed progrations in effect of	regram was carried by you ried by a system from 6:0 m was substituted for prog during the accounting perio	ram.  ne station is live station is live program. Use program. Use program. Use program. The live programming that pod; enter the lider FCC rules	entified). se numera m. List the 3:28:30 p.r t your syst etter "P" if	als, with the retimes accur m. should be tem was <i>requ</i> f the listed pr lations in	month rately
	s	UBSTITUT	E PROGRAM	1			CURRED	7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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ccounting Period:	,				A1-2E. PAGI				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE & CELLULAR COMMUNICATIONS, LLC			3	60:				
<b>K</b> Bross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file are all amounts (gross receipts) paid to your cable system by subscribers for the second identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)	system's se	condary transm	ission service					
	during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross re			\$ 19 (Amount of gr	3,950.45 oss receipts)				
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100  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 tha	an \$527,600	263,800					
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon					
	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 li	nes 1 and 2	2	· · <u> </u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	100)					
	Base amount under statutory formula		263,800.00	-					
	2. Enter amount of gross receipts from space K	\$	193,950.45	-					
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K		. \$	193,950.45					
	5. Enter the amount from line 3			69,849.55					
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)				620.50				
	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	7 and 8		\$	620.50				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)					
	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			,					
	FILING FEE AND TOTAL REMITTANCE DU	IF							
	TIEMO TEE AND TOTAL REMIT MINOE BO	<u>,                                    </u>							
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	620.50					
Due	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			\$	640.50				

Accounting Period:	: 2023/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE & CELLULAR COMMUNICATIONS, LLC	SYSTEM ID# 6098
<b>M</b> 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	15
	and nonbroadcast services	15
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Annie Edwards Telephone 406-48	85-3301
	Address  P.O. Box 280 (Number, street, rural route, apartment, or suite number)  Circle, MT 59215 (City, town, state, zip)	
	Email mrtcreg@midrivers.coop Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B.	e 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)]	
	X /s/ Dane Castleberry	
	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: Dane Castleberry	
	Title: President  (Title of official position held in corporation or partnership)	
	Date: 7/18/23	

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Accounting Period: 2023/1 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

	CABLE	& CELLULAR COMMUNICATIONS, LLC
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6098

ABLE & CELLU	LAIL		IIOITIO	A11011	io, LL														
service o	ome Vieve: mining the providing and amount and amount and aper SA	the totaling se ounts on when 1-2 for	al number condary collected to excl	8 amender of substruction of s	ded Title escribers ssions ubscribe se amou	e 17, sections and the coordinates of primary ers receiving unts, see the	on 11 gross broa ng se	11(d)(1)( s amount dcast tra econdary ote on pa	A), of the	the cope the cos, the ssions	cable se systes s purs	system em shal uant to ral instr	for the to the total for the t	basic lude su 119."	ıb-		Conce	P al Staten rning G ts Exclu	ross
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ID number	, oor is d																		
First community																			
Accounting period	DOI																		

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