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							
7/27/2023	\$ 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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	20231 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	
	ATV Holdings, LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	Mitchell Telecom	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	1691 N Main St (Number, street, rural route, apartment, or suite number)	
	Mitchell SD 57301 (City, town, state, zip)	
	(Gity, Own, State, 2lp)	
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ames 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:	
Oystem	1	
	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 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:	2022/1							
Accounting Periou.	2023/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	ATV Holdings, LLC	63673						
	Instructions: List each separate community served by the cable system. A "community"							
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete 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.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Area	note: Entities and properties such as notels, apartments, condominiums, or mobile nome parks should be reported in parentheses below the identified city.							
Served								
	CITY OR TOWN	STATE						
First	Mitchell	SD						
Community								
Add Rows as Necessary								

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63673

## ATV Holdings, 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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,840	78.95	Basic TV - Residential	138	68.95
<ul> <li>Service to additional set(s)</li> </ul>	122	5.00	Basic TV - Business	73	68.95
• FM radio (if separate rate)			Bulk TV	8	#####
Motel, hotel			Addl Set - Business	22	5.00
Commercial	59	78.95	HD/DVR Set	663	14.00
Converter			Upgrade HD/DVR Set	1,888	9.00
<ul> <li>Residential</li> </ul>			HD/DVR Set - Res	216	10.00
Non-residential					
			1	1	1

# 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	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	16.95	Motel, hotel	60.00	Account Initiation	15.00
<ul> <li>Pay cable—add'l channel</li> </ul>	16.95	Commercial	60.00		
Fire protection		• Pay cable	60.00		
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	60.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	35.00		
Converter		Disconnect			
		Outlet relocation	100 per hour		
		Move to new address	50.00		

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63673 ATV Holdings, LLC

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

KELO - DT1

**KDLT - DT1** 

KDLT - DT2

KDLT - DT3

**KDLT - DT4** 

**KDLT - DT5** 

**KDLT - DT6** 

KTTW - DT1

KWSD - DT1

## 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

11.1

46.1

46.2

46.3

46.4

46.5

46.6

17.1

36.1

**KELO - DT2** N-M Sioux Falls, SD 11.2 **KELO - DT3** 11.3 N-M Sioux Falls, SD **KELO - DT4** 11.4 Ν Sioux Falls, SD **KELO - DT5** 11.5 N-M Sioux Falls, SD Ε KCSD - DT1 23.1 Sioux Falls, SD KCSD - DT2 23.2 E-M Sioux Falls, SD KCSD - DT3 23.3 E-M Sioux Falls, SD KCSD - DT4 Ε 23.4 Sioux Falls, SD KSFY - DT1 13.1 Ν Sioux Falls, SD KSFY - DT2 13.2 N-M Sioux Falls, SD KSFY - DT3 13.3 Ν Sioux Falls, SD KSFY - DT4 13.4 N-M Sioux Falls, SD KSFY - DT5 13.5 N-M Sioux Falls, SD

3. TYPE OF STATION

Ν

Ν

Ν

Ν

N-M

N-M

N-M

ı

4. LOCATION OF STATION

Sioux Falls, SD

Add Rows as Necessary

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ATV Holdings, LLC 63673

#### 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).

		_		T			T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							<del> </del>
							<b></b>
							<del> </del>
							<del> </del>

Accounting Perio	d: <b>2023/1</b> LEGAL NAME OF OWNER OF O	CARLE SYST	FM·					FOR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	ATV Holdings, LLC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							63673		
•	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
Substitute											
Carriage:	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.										
Special Statement and											
Program Log	broadcast by a distant stat			YES	X NO						
	Note: If your answer 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 substiclear. If you need more space		•		wher	rever pos	sible, if the	ir meaning is	5		
	Column 1: Give the title				progi	ram") tha	t, during th	e accounting	3		
	period, was broadcast by a		•	•			•				
	under certain FCC rules, reç Do not use general categori										
	"NBA Basketball: 76ers vs.		vice of backs	todii. Liet opooliio progre		50, 101 07	ampio, i E	ovo Lucy of			
	Column 2: If the program										
	Column 3: Give the call s Column 4: Give the broa					on is lice	nsed by the	FCC or in			
	the case of Mexican or Cana							21 00 01, III			
	Column 5: Give the mon	•	when your syst	tem carried the substitute	progr	ram. Use	numerals,	with the mor	nth		
	first. Example: for May 7 giv Column 6: State the time		substitute prod	gram was carried by you	cable	e system	List the tin	nes accurate	elv		
	to the nearest five minutes.					•			···y		
	stated as "6:00-6:30 p.m."	"D" if the	listed areas	was substituted for area		ina that i					
	Column 7: Enter the letter to delete under FCC rules a		. •				-	•			
	was substituted for program	•		0.	-				am		
	effect on October 19, 1976.										
						WHE	N SUBST	ITUTE			
	S	UBSTITUT	E PROGRAM			CARRI	AGE OCC	URRED	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	111	MONTH ND DAY	6. FROM	TIMES — TO	DELETION		
									<del> </del>		
									<del> </del>		
								_			
								_			
								_			
									<del> </del>		
									<del> </del>		
									ļ		
								_			
								_			

Accounting Period:	2023/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ATV Holdings, LLC			\$	63673
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 explanati 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 from subscribers are statement in space P.	system's s	econdary transmi to compute this a	ssion service mount, see	30,795.24 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 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 informatio	nan \$527,600 n.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 and	2	· •	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	nore than \$137,1	00)	
	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 \$26	3,800 (bu	t less than \$527	,600)	
	Enter the amount of gross receipts from space K	. \$	330,795.24		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	66,995.24		
	4. Multiply line 3 by .01		\$	669.95	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6		\$	1,988.95
	FILING FEE AND TOTAL REMITTANCE DI	UE			
Filing Fee and			_		
Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)			1,988.95	
	2. Filing Fee (See the instructions for more information on filing fee calculations) .		<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 ID 2715NOMG 76275269365			\$	2,008.95
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				hts!

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN ATV Holdings, LL	NER OF CABLE SYSTEM:				SYSTEM ID# 63673
<b>M</b> Channels	1. Enter the total nu system carried to  2. Enter the total nu	and (2) the cable system's t	total numb		ccounting period.	22
	and nonbroadca	st services				240
N Individual to Be Contacted	we can contact abo	out this statement of accour		<b>DRMATION IS NEEDED</b> (Identify an in		
for Further Information	Name S	tacy Buckley			Telephone	605-990-1105
	(N N	691 N Main St umber, street, rural route, apartm litchell SD 57301	ment, or suit	ite number)		
	Email	ity, town, state, zip) stacy@mitchellte	elecom.c	com	Fax (optional 605-990-101	.0
	CERTIFICATION (Th	is statement of account mu	ıst be cert	tified and signed in accordance with C	opyright Office regulations)	
O Certification	• I, the undersigned, I	nereby certify that (Check on	ne, <i>but onl</i>	ly one, of the boxes.)		
	(Owner of	ther than corporation or pa	artnership	p) I am the owner of the cable system a	s identified in line 1 of space E	3; or
				artnership) I am the duly authorized age s not a corporation or partnership; or	ent of the owner of the cable s	ystem as identified
		or partner) I am an officer (if ine 1 of space B.	f a corpora	ration) or a partner (if a partnership) of th	e legal entity identified as owr	ner of the cable system
		and correct to the best of my	-	clare under penalty of law that all statem Ige, information, and belief, and are mad		
			X	/s/ Scott Peper		
				electronic signature on the line above to on the line above to on the line alove. /s/ Jature (e.g., /s/ J		
		Typed or printed	name:	Scott Peper		
				ral Manager I position held in corporation or partnership)		
		Date:			7-27-2023	

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.

Accounting Period: 2023/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ATV Holdings, LLC	63673
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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statement Concerning Gross 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	3
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.	t. <b>Q</b>
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	
	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e
** 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, pleas list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	e
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.