This form is effective beginn	ning with the January 1	to June 30, 2017, acc	counting period (2017/1)
If you are filing for a prior acco	ounting period, contact the	e Licensing Division fo	or 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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by 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.

A	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 (City, town, state, zip)	
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.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Cable Services, Inc	7622
	Instructions: List each separate community served by the cable system. A "co	
П	separate and distinct community or municipal entity (including unincorporat	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or i	mobile home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Jamestown	ND
Community		
Add Rows as Necessary		
····,		

	LEGAL NAME OF OWNER OF C							67	SA1-2E. PA <b>(STEM</b>
Name	Cable Services, Inc							0	76
Е	SECONDARY TRANSMISSION					transmission of	muiae of th		
-	In General: The information in s system, that is, the retransmission			-					
Secondary	about other services (including p								
ransmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the n								
Ruco	separately for the particular serv							Shargea	
	Rate: Give the standard rate c	-	-	-			-		
	unit in which it is generally billed.	· · ·	,		y standar	d rate variations	within a pa	articular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ndary transmiss	ion servic	e 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 of					in the count und	er Servic	e lo lhe	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	right-ha	nd block. A tw	o- or three	e-word description	n of the s	ervice is	
	sufficient.	OCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	S RA
	Residential:								
	Service to first set		1,067	43.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		28	2.00					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
-	In General: Space F calls for rat								
	in General. Opace i calls for rat			nation with res		your cable syste	em's servi	ces that were	
F	not covered in space E, that is, t	hose services t	hat are n	ot offered in c	spect to all ombinatio	n with any secor	idary trans	mission	
	not covered in space E, that is, t service for a single fee. There ar	hose services t e two exceptior	hat are n ns: you d	ot offered in c o not need to	spect to all ombinatio give rate i	n with any secor	dary trans erning (1)	mission services	
Services	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services	hose services t e two exceptior or facilities furn	hat are n ns: you d ished to	ot offered in c o not need to nonsubscribe	spect to all ombinatio give rate in s. Rate in	n with any secor nformation conce formation should	idary trans erning (1) I include b	mission services oth the	
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ng Period: 2	-			FORM SA1-2E. PAGE 3
ame	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID# 7622
	Cable Services, Inc			1022
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eace educational station, by ent (for independent multicast For the meaning of these t <b>Column 4:</b> Give the location	entify every television station (including tr em during the accounting period, <i>except</i> ( 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. <b>s:</b> With respect to any distant stations car- rules, 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 on's call sign. <i>Do not</i> report origination pre- ed with a station according to its over-the-	1) stations carried only on a part- carriage of certain network progra (e)(2) and (4))]; and (2) certain sta- ried by your cable system on a su- e Special Statement and Program both on a substitute basis and als bee page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep- ision station for broadcasting over ation, 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 h 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
	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

LEGAL NAME O		CABLE S	YSTEM:						SYSTEM II 76
									70.
n General: Lis		station ca	rried on a separate and discr nerally receivable by your cab						н
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo <b>Column 1:</b> I	) it is carried by monitoring, to formation about orm. dentify the call	y the sys be recei It the Cop sign of e	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried.	at the syste	e system's hea em's FM anter	idend, and (2) nna, during ce	it can b rtain sta	e expected, ted intervals.	Primary Transmitters: Radio
Column 3: li ignal, indicate Column 4: (	f the radio stat this by placing Give the statior	ion's sigi g a check n's locatio	n is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	he st	tation is license	ed by the FCC			
CALL SIGN	AM or EM	S/D				AM or FM	S/D		
	AM or FM	S/D			CALL SIGN		S/D	LOCATION OF STATION	
KPRJ	FM	X	JAMESTOWN, ND						
				]					
		<u> </u>							
		<u> </u>							
	· · · · · · · · · · · · · · · · · · ·	<u> </u>							
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	.4	<b>+</b>	+	4				+	
		<b></b>							

Accounting Perio	d: 2023/1					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	Cable Services, Inc						7622
1	SUBSTITUTE CARRIAGE	-	-				
I	In General: In space I, identi substitute basis during the ad						
Substitute	explanation of the programmi						
Carriage:	1. SPECIAL STATEMENT				5		
Special	<ul> <li>During the accounting per</li> </ul>	-			sis, any nonne	etwork television pro	oram
Statement and	broadcast by a distant stati				,,		V
Program Log						YES	
	Note: If your answer is "No,	," leave the	rest of this pag	je blank. If your answer is	"Yes," you m	iust complete the pro	ogram
	log in block 2.						
	2. LOG OF SUBSTITUTE			ta lina. Llas abbraviations	wherever no	aaibla if thair maani	
	In General: List each subst clear. If you need more spa				wherever po	issible, il their mean	ing is
				ision program ("substitute	program") th	at, during the accou	nting
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.		VIES OF DASKE	toali. List specific progra			y Ol
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "			
				sting the substitute progra		anad by the FCC a	- in
	the case of Mexican or Can			ne community to which the community with which the			r, in
				tem carried the substitute			month
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your			
	stated as "6:00–6:30 p.m."		i piogram cam		. 15 p.m. to 0.	20.30 p.m. should b	C
	Column 7: Enter the lette			was substituted for progr			
	to delete under FCC rules a						orogram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules	and regulations in	
					1.1		
						EN SUBSTITUTE	
	S		E PROGRAM			IAGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	
		100 01 110	ONLE OTON				
		+					
						_	
						_	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Cable Services, Inc	7622
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	33,800.
	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 accounting period is \$52.00.	s 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 lines 1 and 2	· · <u>· · · · · · · · · · · · · · · · · </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)
	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	
	PLOCK 2: OPOSS RECEIRTS OF MORE THAN \$262,800 (but loss than \$527)	600)
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)
	1. Enter the amount of gross receipts from space K \$ 280,633.46	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1 \$ 16,833.46	
	4. Multiply line 3 by .01	168.33
	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	\$ 1,487.33
	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)	1,487.33
	2. 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	\$ 1,507.33
	EFT Trace # or TRANSACTION ID # 277FP02P	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	2023/1								FORM SA1-2E. F	PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: <b>s, Inc</b>							SYSTE	EM ID# 7622
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	You must give (1) the numbe ers, and (2) the cable system' al number of channels on wh ed television broadcast station al number of activated channe e cable system carried televis adcast services	s total nun ich the cat ons nels ion broado	mber of a ible 	activated channe	els during the	accounting perioc	ı.	13 90	
N Individual to Be Contacted		O BE CONTACTED IF FUR about this statement of acco		ORMAT	ION IS NEEDEI	<b>)</b> (Identify an i	individual			
for Further Information	Name	ROY A SHEPPARD						Telephone 701.	320-2225	
	Address	PO BOX 608 (Number, street, rural route, apa JAMESTOWN, ND ( (City, town, state, zip)			er)					
	Email	ROYS@CSIC	ABLE.NE	T			Fax (optional			
O Certification	I, the undersigned     (Owned)     (Agen     X     (Office)     I have examined are true, completed	(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 cer or partner) I am an officer in line 1 of space B. d the statement of account and ete, and correct to the best of n tion 1001(1986)]	partnership ation or pa he owner is (if a corpor-	ip) I am ti ip) I am ti martnersh s not a co ration) or eclare und	of the boxes.) he owner of the c hip) I am the duly orporation or partu a partner (if a pa der penalty of law	able system as authorized age nership; or rtnership) of th that all statem	s identified in line 1 ent of the owner of e legal entity identi ents of fact contair	of space B; or the cable system a fied as owner of the		
		Typed or printe	Enter sig	n electron gnature u	oy A Sheppa hic signature on th Ising an "/s/ signa	e line above to ture" (e.g., /s/	o certify this statem John Smith)	nent.		
		Title:	PRES	BIDENT						
		Date:					08/28/2023	3		

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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

	FORM SA1-2E. PAG
	SYSTEM 76
le Services, Inc	/0/
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemer Concerning Gros
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 Exclusio
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 Name 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
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	Q Interest Assessme
	L Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
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