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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:			
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	– coplicsoa@loc.gov			
-	ems (Short Form) uctions are located	2/13/24 \$		For additional information, contact the U.S. Copyright Office Licensing Division at:			
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150			
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ()	'YYY/(Period))				
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
		Barcode Data Filing Period (optiona	I - see instructions)				
Accounting Period							
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the par		sidiary of another corporation, give the full (corporate			
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 filin	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	20551			
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	И				
	SJOBERGS CABLEVISION INC						
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	T)				
	MAILING ADDRESS OF OWNER OF 315 MAIN AVE N	F CABLE SYSTEM					
	(Number, street, rural route, apartment, or suite to THIEF RIVER FALLS MN 5						
	(City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any businames already appear in space B. In line						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM	Λ:					
	2 (Number, street, rural route, apartment, or suite i	number)					
	(City, town, state, zip code)						
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code au	Ithorizes the Convright Office to collect t	ne personally identifying information (PII) rooms	ested on this			

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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	SJOBERGS CABLEVISION INC	20551					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a 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						
Area		home parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	BADGER	MN					
ommunity							
d Rows as Necessary							

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID
Name			:					313	2055
	SJOBERGS CABLEVIS								
Е	SECONDARY TRANSMISSION								
E	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								
Secondary	about other services (including p								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Bot	•							
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
Nates	separately for the particular serv					•		scharged	
	Rate: Give the standard rate of	charged for eac	h categ	ory of service.	Include bo	oth the amount o	of the char		
	unit in which it is generally billed					ard rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmis	sion servi	ice that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Not							0,	
	categories, that person or entity								
	subscriber who pays extra for ca						ider "Serv	ice to the	
	Block 2: If your cable system	0			· · ·		different	from those	
	printed in block 1 (for example,	-		-					
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	ee-word descript	ion of the	service is	
	sufficient. BLOCK 1						BLOC	()	
		NO. OF					BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		47						
	Service to first set		47	98.79					
	Service to additional set(s)	N/C							
	• FM radio (if separate rate)	N/A							
	Motel, hotel Commercial	N/A	1	09 70					
	Converter	N/A	1	98.79					
	Residential	N/A							
	Non-residential	N/A							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	•	,		-	• •			
Г	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services	•			0		• •	,	
Other Than									
Secondary	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.								
ransmissions:	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								
Rates	-				-	-			
	listed in block 1 and for which a separate charge was made or established. List these other services in the brief (two- or three-word) description and include the rate for each.						0 101111 01 U		
	BLOCK 1							BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable		• Mot	el, hotel					
	 Pay cable—add'l channel 		• Cor	nmercial					
	Fire protection		,	cable					
	•Burglar protection		-	cable-add'l ch	nannel				
	Installation: Residential			protection					
	First set			glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	Converter			connect					
			• Out	let relocation					
				ve to new addr					

	LEGAL NAME OF OWNER OF	- CABLE SYSTEM		SYSTEM
Name	SJOBERGS CABLEVI			205
	PRIMARY TRANSMITTERS:			
G rimary smitters: levision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast),	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67 s explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, i n's call sign. <i>Do not</i> report origination p d with a station according to its over-the- the form. el number the FCC assigned to the telev (RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o	(1) stations carried only on a part ac carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa)	-time basis under rams [sections rations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream or the air in its community a noncommercial pendent), "I-M"
	Column 4: Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station ne community with which the station	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAWE	9	E	BEMIDJI, MN
	KAWE KXJB	9	E N	BEMIDJI, MN VALLEY CITY, ND
s as Necessary				
s as Necessary	КХЈВ	4		VALLEY CITY, ND
's as Necessary	KXJB CBWT	4	N	VALLEY CITY, ND WINNIPEG, MANITOBA
as Necessary	KXJB CBWT WDAZ	4 6 8	N 1 N	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND
as Necessary	KXJB CBWT WDAZ KTHI	4 6 8 11	N 1 N	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND
as Necessary	KXJB CBWT WDAZ KTHI KBRR	4 6 8 11 17	N 1 N	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN
as Necessary	KXJB CBWT WDAZ KTHI KBRR KCPM	4 6 8 11 17 5	N 1 N	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN GRAND FORKS, ND
s as Necessary	KXJB CBWT WDAZ KTHI KBRR KCPM CKY	4 6 8 11 17 5 7	N 1 N N 1 1 1 1	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN GRAND FORKS, ND WINNIPEG, MANITOBA
<i>i</i> s as Necessary	KXJB CBWT WDAZ KTHI KBRR KCPM CKY	4 6 8 11 17 5 7	N 1 N N 1 1 1 1	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN GRAND FORKS, ND WINNIPEG, MANITOBA
ws as Necessary	KXJB CBWT WDAZ KTHI KBRR KCPM CKY	4 6 8 11 17 5 7	N 1 N N 1 1 1 1	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN GRAND FORKS, ND WINNIPEG, MANITOBA
vs as Necessary	KXJB CBWT WDAZ KTHI KBRR KCPM CKY	4 6 8 11 17 5 7	N 1 N N 1 1 1 1	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN GRAND FORKS, ND WINNIPEG, MANITOBA
vs as Necessary	KXJB CBWT WDAZ KTHI KBRR KCPM CKY	4 6 8 11 17 5 7	N 1 N N 1 1 1 1	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN GRAND FORKS, ND WINNIPEG, MANITOBA
vs as Necessary	KXJB CBWT WDAZ KTHI KBRR KCPM CKY	4 6 8 11 17 5 7	N 1 N N 1 1 1 1	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN GRAND FORKS, ND WINNIPEG, MANITOBA
vs as Necessary	KXJB CBWT WDAZ KTHI KBRR KCPM CKY	4 6 8 11 17 5 7	N 1 N N 1 1 1 1	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN GRAND FORKS, ND WINNIPEG, MANITOBA
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vs as Necessary	KXJB CBWT WDAZ KTHI KBRR KCPM CKY	4 6 8 11 17 5 7	N 1 N N 1 1 1 1	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN GRAND FORKS, ND WINNIPEG, MANITOBA
vs as Necessary	KXJB CBWT WDAZ KTHI KBRR KCPM CKY	4 6 8 11 17 5 7	N 1 N N 1 1 1 1	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN GRAND FORKS, ND WINNIPEG, MANITOBA
vs as Necessary	KXJB CBWT WDAZ KTHI KBRR KCPM CKY	4 6 8 11 17 5 7	N 1 N N 1 1 1 1	VALLEY CITY, ND WINNIPEG, MANITOBA DEVILS LAKE, ND FARGO, ND THIEF RIVER FALLS, MN GRAND FORKS, ND WINNIPEG, MANITOBA

SJOBERGS	CABLEVIS	ION IN	С					SYSTEM I 205
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C	it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing Give the statior	y the sys be receint the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								
		<u> </u>						
						t		

Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:						SYSTEM ID
Name	SJOBERGS CABLEVI								2055
	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME	NT AND PROGRAM	LOG				
	In General: In space I, ident	tify every nonn	network televi	sion program, broadcas	t by a <i>distant</i>	station, that	your ca	ble syste	em carried on a
	substitute basis during the a								
Substitute Carriage:	explanation of the programm				of the genera	instructions	in the p	paper SA	A1-2 form.
Special	1. SPECIAL STATEMEN	-					-1		
Statement and	During the accounting per	-	cable syster	n carry, on a substitute	e basis, any n	onnetwork t		· •	
Program Log	broadcast by a distant sta Note: If your answer is "No		act of this no	a blank If your anow	orio "Voo" w				X NO
	log in block 2.	J, leave the le	est of this pa	ge blank. Il your answ	eris res, yo	ou must con	ipiete ti	ne progr	an
	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 Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	a distant statio egulations, or a ries like "movi . Bulls." m was broadc sign of the sta adcast station nadian station nth and day w ive "5/7." nes when the s	on and that ye authorization ries" or "bask cast live, ente tation broadc n's location (t ns, if any, the when your sys substitute pro	our cable system subs ns. See page (v) of the etball." List specific pro- er "Yes." Otherwise en asting the substitute p the community to which community with which stem carried the subst	tituted for the general instr ogram titles, f ter "No." rogram. In the station is the station is tute program your cable sy	programmin uctions for f or example, s licensed b s identified). Use numer stem. List th	ng of ar urther in "I Love y the F(rals, wit e times	nother st nformati e Lucy" c CC or, in th the m accura	tation ion. or n onth
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the lis and regulatior	ns in effect d	uring the accounting p	eriod; enter tl	ne letter "P"	if the lis	sted pro	
	Column 7: Enter the lett to delete under FCC rules a	ter "R" if the lis and regulation mming that yo	ns in effect d	uring the accounting p	eriod; enter tl under FCC ru	ne letter "P" iles and reg	if the lis ulations	sted pro	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. SUBSTITUTE	ns in effect d our system w PROGRAM	uring the accounting as permitted to delete	eriod; enter tl under FCC ru W CAF	HEN SUBS	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d our system w	uring the accounting as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations	sted pros s in E ED	gram
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM	uring the accounting p as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM	uring the accounting p as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FC
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM	uring the accounting p as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM	uring the accounting p as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM	uring the accounting p as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM	uring the accounting p as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM	uring the accounting p as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FO
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM	uring the accounting p as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM	uring the accounting p as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM	uring the accounting p as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FO
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the list and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM	uring the accounting p as permitted to delete	eriod; enter ti under FCC ru W CAF 5. MON	he letter "P" iles and reg HEN SUBS RIAGE OC	if the lis ulations TITUTE	sted pros s in E ED	gram 7. REASON FO

Accounting Period:	2023/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	S	YSTEM ID# 20551
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	ission service amount, see	5,102.64 ss 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 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	-	02.00
	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		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2023/2			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: ABLEVISION INC		SYSTEM ID# 20551
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	and (2) the cable system's t number of channels on which television broadcast stations number of activated channels able system carried television		t stations
N Individual to Be Contacted	INDIVIDUAL TO		R INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Richard J Sjoberg	1	Telephone 218-681-3044
	Address 	315 Main Ave N (Number, street, rural route, aparth Thief River Falls, MN (City, town, state, zip) rsjoberg@mnca	56701	18-681-6801
			st be certified and signed in accordance with Copyright Office re	
O Certification	(Owner (Agent in li X (Office in li • I have examined	t of owner other than corpora ine 1 of space B and that the o er or partner) I am an officer (ine 1 of space B. I the statement of account and e, and correct to the best of my	ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line tion or partnership) I am the duly authorized agent of the owner of where is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity iden hereby declare under penalty of law that all statements of fact conta knowledge, information, and belief, and are made in good faith.	f the cable system as identified tified as owner of the cable system
			X /s/ Richard J Sjoberg Enter an electronic signature on the line above to certify this stateme Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nt.
		Typed or printed	name: Richard J Sjoberg President	
		(Title of o Date:	cial position held in corporation or partnership) 01/30/2024	

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 fing, a determination that would be made by a court of law.

Inting Period: 2023/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BERGS CABLEVISION INC	2055
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 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 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	_
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	—
* 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	
Address	

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