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				
2-20-24	\$				
2 20 2 1	ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December	er 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 subsidiary, not that of the parent corporation.	the full corporate title of							
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 statement of account and royalty fee payment covering the entire accounting period.	od should submit a single							
	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								
	Midcontinent Communications								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	PO Box 5040 (Number, street, rural route, apartment, or suite number)								
	Sioux Falls, SD 57117-5040								
	(City, town, state, zip)								
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and opera names already appear in space B. In line 2, give the mailing address of the system, if different from the								
System	m 1 IDENTIFICATION OF CABLE SYSTEM:								
	Bowman, ND								
	MAILING ADDRESS OF CABLE SYSTEM:								
	PO Box 5040 (Number, street, rural route, apartment, or suite number)								
	Sioux Falls, SD 57117-5040 (City, town, state, zip code)								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/2	FORM SALOE DAGE 46							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#							
Name	Midcontinent Communications	28890							
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.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identificity.								
	CITY OR TOWN	STATE							
First	Bowman	ND							
Community	Hettinger Reeder	ND ND							
Add Rows as Necessary	Rhame	ND ND							
Add Rows as Necessary	Scranton	ND ND							

Accounting Period: 2023/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28890

Midcontinent Communications

E

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			
CATECORY OF SERVICE	NO. OF	RATE	CATECORY OF SERVICE	NO. OF	DATE	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	141	30.00	Business Accounts	19	83.00	
 Service to additional set(s) 			High Def Converter	155	3.00	
• FM radio (if separate rate)			Nursing Homes	64	13.00	
Motel, hotel						
Commercial	10	78.00				
Converter	177	3.00				
Residential						
Non-residential						
		T		1		

F

Services Other Than Secondary Transmissions:

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.

			1		
	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	16.00	Motel, hotel	499.00	Digital 1	10.00
Pay cable—add'l channel		Commercial	499.00	Cinemax	16.00
Fire protection		Pay cable		Showtime	16.00
•Burglar protection		Pay cable-add'l channel		Starz!&Encore	16.00
Installation: Residential		Fire protection		Digital Variety	4.00
• First set	50.00	Burglar protection			
Additional set(s)	25.00	Other services:		Digital Espanol	5.00
• FM radio (if separate rate)		Reconnect	150.00	Dig Sports & Variety	11.00
Converter		Disconnect	-	TMC	16.00
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28890

Midcontinent Communications 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
KDSE-DT	9	E	DICKINSON, ND (PBS)
KDSE-DT2	9.2	E-M	DICKINSON,ND(PBS WRLD/LIF)
KDSE-DT3	9.3	E-M	DICKINSON, ND (PBS MN HD)
KDSE-DT4	9.4	E-M	DICKINSON, ND (PBS KIDS)
KHSD-DT2	5.2	I-M	LEAD, SD (FOX-KOTA/KIVV)
KHSD-DT	5	N	LEAD, SD (ABC-KOTA/KIVV)
KQME-DT HD	10	I	LEAD, SD (Me TV HD)
KQME-DT2	10.2	I-M	LEAD, SD (HEROES)
KQCD-DT	7	N	DICKINSON, ND (NBC)
KQCD-DT3	7.3	I-M	DICKINSON, ND (ME TV HD)
KXMA-DT	19	I	DICKINSON, ND (CW)
KXMA-DT2	19.2	N-M	DICKINSON, ND (CBS)
KXMA-DT3	19.3	I-M	DICKINSON, ND (LAFF)
KXMA-DT4	19.4	I-M	DICKINSON, ND (ION-MYSTERY)
KBMY-DT	17.1	N	BISMARCK, ND (ABC)

Midcontinent Communications

28890

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 STATIC	0411 0:01:	ANA - 517	0.15	LOGATION OF STATION	0411 01011	AN4	0.15	LOGATION OF STATIST
	CALL SIGN	AM or FM	S/D	LUCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

od: 2023/2						FOR	M SA1-2E. PAGE 5.
		EM:					SYSTEM ID# 28890
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 substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another statio under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in						n carried on a For a further 2 form. NO m	
Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE							ed
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY			
	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant star Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYST Midcontinent Communications SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every non substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant statiunder certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the secolumn 4: Give the broadcast static the case of Mexican or Canadian station Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	Midcontinent Communications SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this pag log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork telev period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carri stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a substitute basis during the accounting period, under specific present and former FCI explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basi broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is ' log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations of clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the gene Do not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "N Column 3: Give the call sign of the station broadcasting the substitute program Column 4: Give the broadcast station's location (the community to which the the case of Mexican or Canadian stations, if any, the community to which the the case of Mexican or Canadian stations, if any, the community with which the state of the community of the substitute program Column 6: State the times when the substitute program was carried by your of to the nearest five minutes. Example: a program carried by a system from 6:01: stated as "6:00–6:30 p.m." Column 6: State the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete unde effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant static substitute basis during the accounting period, under specific present and former FCC rules, regule explanation of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the program of the program of the general instruction of the program of the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that period, was broadcast by a distant station and that your cable system substituted for the program on the program of the progr	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your substitute basis during the accounting period, under specific present and former FCC rules, regulations, or aut explanation of the programming that must be included in this log, see page (v) of the general instructions in the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televis broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substitute for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furthe Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Lo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: State the month and day when your system carried by your cable system. List the tim to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00-6:30 p.m." Column 7: E	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. A. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another statunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is location fire the tense accurate to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 6: State the times when the substitute program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the le

Accounting Period:	2023/2	FORM SA	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	s	YSTEM ID
	widcontinent Communications		2889
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 a 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.	amount, see	2,527.73 pss 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 the accounting period is \$52.00	nis six-month	
	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,	100)	
	1. Base amount under statutory formula	_	
	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)	7,600)	
	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	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		DWNER OF CABLE SYSTEM: Communications	SYSTEM ID# 28890
M Channels	to its subscribe 1. Enter the total system carrie 2. Enter the total on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable ed television broadcast stations	374
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Rachel Meyer Telephone	952-844-2655
	Address	3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435 (City, town, state, zip)	
	Email	rachel.meyer@midco.com Fax (optional	
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	; or
	(Agen	t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	rstem as identified
	X (Office	cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.	er of the cable system
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	
	l	X /s/ Rachel Meyer	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Rachel Meyer	
		Title: Director of Programming (Title of official position held in corporation or partnership)	
		Date: February 19, 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 fling, a determination that would be made by a court of law.

ounting Period: 2023/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Icontinent Communications	28890
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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. 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	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>. </u>
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	·
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
ID number First community served Accounting period	

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