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	ALLOCATION NUMBER					
2-20-24						

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 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								
	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	NSTRUCTIONS: 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	1 IDENTIFICATION OF CABLE SYSTEM:								
	Ely, MN								
	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 SA1-2E. PAGE 1b.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	Midcontinent Communications	3998								
	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.									
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified									
Served	city.									
	CITY OR TOWN	STATE								
First	Ely	MN								
Community	Babbitt	MN								
	Breitung Township	MN								
Add Rows as Necessary	Tower	MN								
	Winton	MN								

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

SYSTEM ID#

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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	754	30.00	Business Accounts	29	30.00
 Service to additional set(s) 			High Def Converter	625	3.00
• FM radio (if separate rate)			Nursing Homes	107	7.00
Motel, hotel	97	7.00	Hospitals	36	5.67
Commercial	117	78.00			
Converter	645	3.00			
Residential					
Non-residential					
ſ	l	·····			

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.

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

3998

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
KBJR-DT	19	N	SUPERIOR, WI (NBC)
KBJR-DT2	19.2	N-M	SUPERIOR, WI (CBS)
KBJR-DT3	19.3	I-M	SUPERIOR, WI (MNT/HEROES)
KDLH-DT	33	l	DULUTH, MN (CW)
KQDS-DT	18	l	DULUTH, MN (FOX)
KQDS-DT2	18.2	I-M	DULUTH, MN (ANTENNA)
WDIO-DT	10	N	DULUTH, MN (ABC)
WDIO-DT2	10.2	I-M	DULUTH, MN (ME TV)
WDSE-DT	8	E	DULUTH, MN (PBS)
WDSE-DT3	8.3	E-M	DULUTH, MN (PBS CREATE HD)
WDSE-DT2	8.2	E-M	DULUTH, MN (PBS EXPLORE HD)
WDSE-DT5	8.5	E-M	DULUTH, MN (PBS MN CHL)

Midcontinent Communications

3998

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).

	I			T a	I	o :-	I
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			 				
		L					
		ļ					
		L					
	I	T					

od: 2023/2						FOR	M SA1-2E. PAGE 5.
		EM:					SYSTEM ID# 3998
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 carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. 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 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 station 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 the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nea						For a further 2 form. NO T NO T I I I I I I I I I I I I	
s	UBSTITUT	E PROGRAM	I	1 1	AGE OCC	URRED	7. REASON FOR DELETION
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO — — — — — — — — — — — — — — — — — — —	
	SUBSTITUTE CARRIAGE In General: In space I, identifus ubstitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, reponot use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call solumn 4: Give the broad the case of Mexican or Cancolumn 5: Give the mon first. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	Midcontinent Communications SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every non substitute basis during the accounting perexplanation of the programming that mustains. 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 second 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 in Column 1: Give the title of every nonnetwork televi period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations. 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 case of Mexican or Canadian stations, if any, the ore 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 wa 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 substitute basis during the accounting period, under specific present and former FC 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 basis 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 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 gen Do not use general categories like "movies" or "basketball." List specific progran "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "I Column 3: Give the call sign of the station broadcasting the substitute progra Column 4: Give the broadcast station's location (the community to which the the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01: stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for progration delete under FCC rules and regulations in effect during the accounting perior was substituted for programming that your system was permitted to delete under 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 period, was broadcast by a distant station and that your cable system substituted for the program of the program in the period, was broadcast by a distant station and that your cable system substituted for the program of the program in the period, was broadcast by a distant station and that your cable system substituted for the program of the program in the period, was broadcast by a distant station and that your cable system substituted for the program of the program was broadcast live, enter "Yes." Otherwise enter "No." Column 1: Give the program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community to which the station is lice the case of Mexican or Canadian stations, if any, the community to which the station is lice the case of Mexican or Canadian stations, if any, the community to which the station is lice the case of Mexican or Canadian stations, if any, the community to which the station is lice the case of Mexican or Canadian stations, if an	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 au 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 televibroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complet log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 substituted 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: Toers 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. Use numerals, first. Example: for May 7 give "5/7." Column 6: State the month and day when your system carried by sur 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: Enter the letter "R" if the listed program was substituted for programming that your system to delete under FCC rules and regulations in effect during the account	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. In 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 prograting in block 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 sta 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 the case of Mexican or Canadian stations, if any, the community with 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 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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM II		
Name	Midcontinent Communications				399		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form all amounts (gross receipts) paid to your cable system by subscriber (as identified in space E) during the accounting period. For a further page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission ser	rs for the system's explanation of hown.	secondary transm	ission service			
	during the accounting period			\$ 15 (Amount of gr	5,403.83		
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 c Use block 2 if the amount of gross receipts in space K is more than 3. Use block 3 if the amount of gross receipts in space K is more than 3. Even block 3 if the amount of gross receipts in space K is more than 3. Even page (vi) of the general instructions located in the paper SA1-2 form	or less \$137,100 but less \$263,800 but less	than \$527,600		occ roccipie)		
	BLOCK 1: GROSS RECEIPTS	S OF \$137,100 C	R LESS				
	Instructions: As a cable system with gross receipts of \$137,100 or less, accounting period is \$52.00	the royalty fee that	you must pay for th	is six-month			
	Line 1. Royalty fee for accounting period						
					0.00		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIO	DD . Add lines 1 and	d 2				
	BLOCK 2: GROSS RECEIPTS OF \$263,80	*	more than \$137,	100)			
	Base amount under statutory formula	<u>\$</u>	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			155,403.83			
	5. Enter the amount from line 3			108,396.17			
	6. Subtract line 5 from line 4			47,007.66	005.04		
	7. Multiply line 6 by .005 (enter figure here)			\$	235.04		
	8. Interest charge. Enter the amount from line 4, space Q, page 8 \dots				0.00		
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8						
	BLOCK 3: GROSS RECEIPTS OF MORE TO	HAN \$263,800 (b	out less than \$527	7,600)			
	Enter the amount of gross receipts from space K		262 900 00	-			
	Base amount under statutory formula		263,600.00	-			
	4. Multiply line 3 by .01			_			
	Novalty due on the first \$263,800 of gross receipts (under statutory for			1 319 00			
	Koyany due on the linst \$200,000 or gloss receipts (under statutory to Interest charge. Enter the amount from line 4, space Q, page 8		·				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. /	Add lines 4, 5, and	0				
	FILING FEE AND TOTAL REMITT.	ANCE DUE					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, ab	ove)	\$	235.04			
Due	2. Filing Fee (See the instructions for more information on filing fee calc	culations)	\$	20.00			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2	and 3		\$	255.04		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!						

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: Communications	SYSTEM ID# 3998
M Channels	to its subscribe 1. Enter the tot- system carri 2. Enter the tot- 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	321
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 9	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 undersign	ed, hereby certify that (Check one, <i>but only one</i> , 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;	ог
	(Agen	t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	stem 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 owne in line 1 of space B.	r of the cable system
	are true, comple	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)]	
	· 	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#
dcontinent Communications	3998
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 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	_
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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