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							
01/04/2024	\$ 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 31								
		Barcode Data Filing Period (optional - see instructions)								
Accounting Period										
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.								
Owner		List any other name or names under which the owner conducts the business of the cable system.								
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		CABLE & CELLULAR COMMUNICATIONS, LLC								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. BOX 280								
		(Number, street, rural route, apartment, or suite number) CIRCLE, MT 59215								
		(City, town, state, zip)								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite number)								
		(City, town, state, zip code)								

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

Accounting Period:	2023/2	FORM CAA OF DAGE 46								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE & CELLULAR COMMUNICATIONS, LLC	FORM SA1-2E. PAGE 1b. SYSTEM ID# 6098								
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									
Area	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.									
Served	identified city.									
First Community	CITY OR TOWN GLENDIVE	STATE MT								
Add Rows as Necessary										

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE & CELLULAR COMMUNICATIONS, LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	280	46.95				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel	23	13.50				
Commercial						
Converter						
Residential						
Non-residential						
					1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		CHOICE	#####
 Pay cable—add'l channel 		Commercial		ULTIMATE	#####
Fire protection		Pay cable		STARZ/ENCORE	21.95
•Burglar protection		Pay cable-add'l channel		SHOWTIME/TMC	24.95
Installation: Residential		Fire protection		НВО	29.95
• First set	25.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation			
		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# 6098

CABLE & CELLULAR COMMUNICATIONS, LLC

G

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
KXGN	5.1	N	Glendive, MT
KUSM	16	E	Bozeman, MT
KXGN-DT2	5.2	N	Glendive, MT
KUMV	8	N	Williston, ND
KSVI	18	N	Billings, MT
KHMT	22	N	Billings, MT
KTVQ-CW	10	N-M	Billings, MT
KUMV-Me.TV	8	N-M	Billings, MT
KXGN-DT1-HD	5.1	N	Glendive, MT
KXGN-DT2-HD	5.2	N	Glendive, MT
KHMT-HD	2.2	N	Billings, MT
KSVI-HD	18	N	Billings, MT
KTVQ CW-HD	10	N-M	Billings, MT
KUSM-HD	16	E	Bozeman, MT
KUMV-HD	8	N	Williston, ND

	•	***************************************	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE & CELLULAR COMMUNICATIONS, LLC

609

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 STATION
	1	ı	1	1	1	l	1

Accounting Perio	od: 2023/2						FORM	/I SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#	
Name	CABLE & CELLULAR	COMMUN	IICATIONS,	LLC				6098	
 Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every no	nnetwork telev period, under sp	ision program, broadcast by pecific present and former F	a distant sta CC rules, reg	ulations, or aut	horization	ns. For a further	
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and Program Log	 During the accounting per broadcast by a distant state. Note: If your answer is "Not log in block 2. 	tion?	·				YES	X NO	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute prograce, please of every no distant state gulations, or ies like "mo Bulls." m was broasign of the adcast statinath and day we "5/7." es when th Example:	am on a separadd additional add additional annetwork teletion and that your authorization ovies" or "bask addast live, ent station broadd on's location (ons, if any, they when your sy e substitute pra program car	I rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the ge cetball." List specific program of the community to which the community with which the extern carried the substitute program was carried by you ried by a system from 6:01 m was substituted for program.	e program") titled for the proneral instruct am titles, for e "No." ram. e station is lide program. Us r cable systel 1:15 p.m. to 6 ramming that	nat, during the ogramming of ions for further example, "I Low censed by the entified). See numerals, vm. List the time: 28:30 p.m. sh	accounting another some firms are forward another some firms are forward another some firms accurately another some firms accounting accounting account another some firms accounting accounti	ing station tion. or in nonth ately	
	was substituted for program effect on October 19, 1976	nming that		as permitted to delete und	ler FCC rules		ns in TE	7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	ES TO	DELETION	

ccounting Period:	,				A1-2E. PAGI			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE & CELLULAR COMMUNICATIONS, LLC			3	60:			
K Bross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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 re			\$ 19 (Amount of gr	3,950.45 oss receipts)			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less that	an \$527,600	263,800				
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon				
	Line 1. Royalty fee for accounting period			. <u> </u>				
	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 li	ines 1 and 2	2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,	100)				
	Base amount under statutory formula		263,800.00	-				
	2. Enter amount of gross receipts from space K			-				
	3. Subtract line 2 from line 1	\$	69,849.55	_				
	4. Enter the amount of gross receipts from space K			193,950.45				
	5. Enter the amount from line 3			69,849.55				
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)				620.50			
	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	7 and 8		\$	620.50			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (but	less than \$527	,600)				
	Enter the amount of gross receipts from space K							
	Base amount under statutory formula	\$	263,800.00	-				
	3. Subtract line 2 from line 1			-				
	4. Multiply line 3 by .01			-				
	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							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	4, 5, and 6 .						
	FILING FEE AND TOTAL REMITTANCE DU	JE						
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		¢	620.50				
otal Remittance Due								
	Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	640.50			
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		hts!			

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: ULAR COMMUNICATION	S, LLC			SYSTEM ID# 6098
M Channels	1. Enter the total system carried t 2. Enter the total on which the cal	and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television	the cable	which the cable system carried tel activated channels during the acc	counting period.	15
N Individual to Be Contacted		BE CONTACTED IF FURTHI		TION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name	Annie Edwards			Telephone	406-485-3301
	Address	P.O. Box 280 (Number, street, rural route, apartn	nent, or suite num	iber)		
		Circle, MT 59215 (City, town, state, zip)				
	Email	mrtcreg@midriv	ers.coop		Fax (optional)	
0	CERTIFICATION (This statement of account mu	st be certified	and signed in accordance with Co	opyright Office regulations)	
Certification	• I, the undersigne	d, hereby certify that (Check o	ne, <i>but only one</i>	e, of the boxes.)		
	(Owner	other than corporation or pa	artnership) I a	m the owner of the cable system a	s identified in line 1 of space	B; or
		of owner other than corpora ne 1 of space B and that the o		rship) I am the duly authorized ago orporation or partnership; or	ent of the owner of the cable	system as identified
		e r or partner) I am an officer (i ne 1 of space B.	f a corporation)) or a partner (if a partnership) of th	ne legal entity identified as o	wner of the cable system
		, and correct to the best of my		under penalty of law that all stater formation, and belief, and are made		in .
			X /s/	Dane Castleberry		-
				ronic signature on the line above to c e using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name: Da	ne Castleberry		
		Title: (Title of of	President	in corporation or partnership)		
		Date:			1/4/2024	

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Accounting Period: 2023/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Accounting period

SYSTEM ID#

ABLE & CELLI	ULAR COMMUNICATIONS, LLC		6098					
The Satellite H lowing sentence "In dete service	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSION dome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Corce: ermining the total number of subscribers and the gross amounts paid to the of providing secondary transmissions of primary broadcast transmitters, the sand amounts collected from subscribers receiving secondary transmission	oyright Act by adding the fol- cable system for the basic e system shall not include sub-	P Special Statement Concerning Gross Receipts Exclusion					
	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 acc made by satell								
	er the total here and list the satellite carrier(s) below							
Name Mailing Address	Name Mailing Address							
INTEREST	ASSESSMENT							
	plete this worksheet for those royalty payments submitted as a result of a la ation of interest assessment, see page (viii) of the general instructions locate		Q					
Line 1 Enter t	the amount of late payment or underpayment		Interest Assessment					
Line 2 Multipl	ly line 1 by the interest rate* and enter the sum here							
Line 3 Multipl	ly line 2 by the number of days late and enter the sum here	x 0.00274						
	ly line 3 by 0.00274** and enter here ce L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	\$ - (interest charge)						
	he interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. he Licensing Division at (202) 707-8150 or licensing@loc.gov.	For further assistance please						
** This is th	ne decimal equivalent of 1/365, which is the interest assessment for one day	y late.						
	are filing this worksheet covering a statement of account already submitted to owner, address, first community served, ID number, and accounting period a							
Owner Address								
ID number First communit	ty served							

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