This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	 Return completed workbook by email to
	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (Short Form) uctions are located	01/05/2024	\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at
the first tab	of this workbook.	0 1/00/2021	ALLOCATION NUMBER	(202) 707-8150.
A	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (Y	YYY/(Period))	
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period	20	221 Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the pare		idiary of another corporation, give the full corp	porate title
Owner	List any other name or names under	which the owner conducts the business of	the cable system.	
	-	the accounting period, only the owner on Ity fee payment covering the entire accour	the last day of the accounting period should sonting period.	
	Check here if this is the system's first	filing. If not, enter the system's ID number	r assigned by the Licensing Division.	61720
	LEGAL NAME OF OWNER/MAI	LING ADDRESS OF CABLE SYSTEM	l	
	Halstad Telephone Company			
	BUSINESS NAME(S) OF OWNER	R OF CABLE SYSTEM (IF DIFFEREN	Т)	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	(Number, street, rural route, apartment, or su	ite number)		
	Halstad, MN 56548 (City, town, state, zip)			
С			entify the business and operation of the he system, if different from the address	
System	1	И:		
	MAILING ADDRESS OF CABLE SYS	TEM:		
	2 (Number, street, rural route, apartment, or su	ite number)		
	(City, town, state, zip code)			

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

		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Nume	Halstad Telephone Company	61
	Instructions: List each separate community served by the cable system. A "commur	nity" is the same as a "community unit" as defined in FCC ru
-	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
		st will serve as a form of system identification hereafter kno
	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
Served	identified city.	
	CITY OR TOWN	STATE
First	Hillsboro	ND
Community	Gardner	ND
	Argusville	ND
Add Rows as Necessary	Halstad	MN
add nows as necessary	Fisher	
		MN
	Bygland	MN
	Climax	MN
	Neilsville	MN
	Shelly	MN

	LEGAL NAME OF OWNER OF O							FORM SA1-	TEM II
Name	Halstad Telephone Con		:					313	6172
		iipairy							
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Fransmission	last day of the accounting period	d (June 30 or D	ecembe	er 31, as the ca	ase may b	e).		-	
Service: Sub-	Number of Subscribers: Bot	•							
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
natoo	separately for the particular service			0,0				onargou	
	Rate: Give the standard rate of								
	unit in which it is generally billed					ard rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmis	sion servi	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not			-		-			
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					a in the count ur	ider Servi	ce to the	
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t	tiers of services	s that ind	clude one or m	ore secor	idary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	wo- or thre	e-word descript	ion of the s	service is	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set	•	1,271	29.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		2	300.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA			s				
-	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services	•			•			,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			,				- 9	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	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						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services:			tion: Non-res			0		
	• Pay cable	35.00	• Mot	el, hotel					
	• Pay cable—add'l channel		• Cor	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection			v cable-add'l cł	nannel				
	Installation: Residential		• Fire	protection					
	• First set	57.00	• Bur	glar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)		• Rec	connect					
	i minadio (il copalato lato)								
	• Converter		• Disc	connect					
	, , ,			connect let relocation					

	LEGAL NAME OF OWNER C	DF CABLE SYSTEM:		SYSTE				
Name	Halstad Telephone C			6				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Issmitters: elevision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute Basis Station basis under specific FCC I • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the locati	dentify every television station (including em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. I also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a par ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s ne Special Statement and Program d both on a substitute basis and a see page (v) of the general instru- brogram services such as HBO, Es e-air designation. For example, re vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the static	t-time basis under grams [sections stations carried on a substitute program in Log)—if the lso on some other ictions. SPN, etc. Identify each sport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KXJB DT1	30	N	Fargo, ND				
	WDAY DT1	6	N	Fargo, ND				
ws as Necessary	WDAZ DT1	8	Ν	Devils Lake, ND				
	KVLY DT1	11	N	Fargo, ND				
	KFME DT1	13	Е					
				Fargo, ND				
	KVRR DT1	15	Ν	Fargo, ND Fargo, ND				
		15 4	N 1					
	KVRR DT1		N I N-M	Fargo, ND				
	KVRR DT1 KRDK DT1	4	I	Fargo, ND Fargo, ND				
	KVRR DT1 KRDK DT1 WDAY DT2	4 6	I N-M	Fargo, ND Fargo, ND Fargo, ND				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2	4 6 11	I N-M N-M	Fargo, ND Fargo, ND Fargo, ND Fargo, ND				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2 KXJB DT2	4 6 11 4	I N-M N-M N-M	Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2 KXJB DT2 KVRR DT2	4 6 11 4 15	I N-M N-M N-M N-M	Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2 KXJB DT2 KVRR DT2 KXPM DT1 KSTC DT2	4 6 11 4 15 41	I N-M N-M N-M N-M	Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Minneapolis, MN				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2 KXJB DT2 KVRR DT2 KXPM DT1	4 6 11 4 15 41 5	I N-M N-M N-M N-M I	Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Minneapolis, MN				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2 KXJB DT2 KVRR DT2 KXPM DT1 KSTC DT2 KSTC DT3 KSTC DT4	4 6 11 4 15 41 5 5 5 5	I N-M N-M N-M N-M I I N-M N-M	Fargo, ND Minneapolis, MN Minneapolis, MN				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2 KXJB DT2 KXRR DT2 KXPM DT1 KSTC DT2 KSTC DT3 KSTC DT4 KSTC DT6	4 6 11 4 15 41 5 5 5 5 5 5	I N-M N-M N-M N-M I I N-M N-M N-M	Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Fargo, ND Minneapolis, MN Minneapolis, MN Minneapolis, MN				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2 KXJB DT2 KXPM DT2 KXPM DT1 KSTC DT2 KSTC DT3 KSTC DT4 KSTC DT6 KTCA DT1	4 6 11 4 15 41 5 5 5 5 5 5 5 2	I N-M N-M N-M N-M I I N-M N-M N-M E	Fargo, ND Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2 KXJB DT2 KXPM DT1 KSTC DT2 KSTC DT3 KSTC DT4 KSTC DT6 KTCA DT1 KTCA DT2	4 6 11 4 15 41 5 5 5 5 5 5 5 5 5 2 2 2 2	I N-M N-M N-M N-M I I N-M N-M N-M N-M E E E-M	Fargo, ND Minneapolis, MN Minneapolis, MN				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2 KXJB DT2 KVRR DT2 KXPM DT1 KSTC DT2 KSTC DT3 KSTC DT4 KSTC DT6 KTCA DT1 KTCA DT2 KTCA DT3	4 6 11 4 15 41 5 5 5 5 5 5 5 2 2 2 2 2	I N-M N-M N-M N-M I N-M I N-M N-M E E E-M E-M	Fargo, NDFargo, NDFargo, NDFargo, NDFargo, NDFargo, NDFargo, NDFargo, NDMinneapolis, MNMinneapolis, MN				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2 KXJB DT2 KXPM DT1 KSTC DT2 KSTC DT3 KSTC DT4 KSTC DT6 KTCA DT1 KTCA DT2	4 6 11 4 15 41 5 5 5 5 5 5 5 5 5 2 2 2 2	I N-M N-M N-M N-M I I N-M N-M N-M N-M E E E-M	Fargo, ND Minneapolis, MN Minneapolis, MN				
	KVRR DT1 KRDK DT1 WDAY DT2 KVLY DT2 KXJB DT2 KVRR DT2 KXPM DT1 KSTC DT2 KSTC DT3 KSTC DT4 KSTC DT6 KTCA DT1 KTCA DT2 KTCA DT3	4 6 11 4 15 41 5 5 5 5 5 5 5 2 2 2 2 2	I N-M N-M N-M N-M I N-M I N-M N-M E E E-M E-M	Fargo, NDFargo, NDFargo, NDFargo, NDFargo, NDFargo, NDFargo, NDFargo, NDMinneapolis, MNMinneapolis, MN				

	OWNER OF (SYSTEM ID#
Halstad Tele	phone Cor	npany						61720
	every radio s	station ca	arried on a separate and discr merally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be rece to the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	it the system's he system's FM ant his point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain s leneral ii eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Peric	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Halstad Telephone Co							61720
	SUBSTITUTE CARRIAG							
- 1	In General: In space I, ident	-	-			tion. that vo	our cable svs	tem carried on a
	substitute basis during the a	accounting pe	eriod, under sp	ecific present and former F	- CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute Carriage:	explanation of the programm				the general ins	structions in	the paper S	SA1-2 form.
Special	1. SPECIAL STATEMEN					activark tak	ovision prog	rom
Statement and	 During the accounting per broadcast by a distant sta 	•	Il cable syster	n carry, on a substitute ba	asis, any noni			
Program Log	-				"X "	L	YES	X NO
	Note: If your answer is "No log in block 2.	o," leave the	rest of this pa	ige blank. If your answer i	s "Yes," you i	nust comp	lete the pro	gram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi	stitute progra ace, please a of every nor a distant stati egulations, o ries like "mo . Bulls." m was broac sign of the adcast static nadian statio nth and day ive "5/7."	am on a separ add additional innetwork tele ion and that y or authorization wies" or "bask dcast live, entu station broadc on's location (f ons, if any, the when your sy e substitute pro-	rows to the tables. vision program ("substitut our cable system substitut ns. See page (v) of the ge etball." List specific progra- er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you	e program") ti ted for the pro- eneral instruct am titles, for e "No." rram. he station is lid e program. U ur cable syste	hat, during ogramming ions for fur example, "I censed by entified). se numeral m. List the	the account of another ther informa Love Lucy" the FCC or, is, with the r times accur	ting station ition. or in nonth ately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the and regulatio	listed program	n was substituted for prog uring the accounting perio	od; enter the	etter "P" if	the listed pr	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	ter "R" if the and regulation mming that y	listed program	n was substituted for prog uring the accounting perio	d; enter the l der FCC rules	etter "P" if and regula	the listed pr ations in	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE	listed progran ons in effect d /our system w E PROGRAM	n was substituted for prog uring the accounting perio as permitted to delete uno	d; enter the l der FCC rules WHE CARRI	etter "P" if and regula N SUBST	the listed pr ations in ITUTE	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE	listed progran ons in effect d /our system w	n was substituted for prog uring the accounting perio as permitted to delete uno	d; enter the l der FCC rules	etter "P" if and regula N SUBST	the listed pr ations in ITUTE	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE 2. LIVE?	listed program ons in effect d your system w E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regula N SUBSTI AGE OCC 6. 1	the listed pr ations in ITUTE URRED FIMES	ogram 7. REASON FC
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE 2. LIVE?	listed program ons in effect d your system w E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regula N SUBSTI AGE OCC 6. 1	the listed pr ations in ITUTE URRED FIMES	ogram 7. REASON FC
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE 2. LIVE?	listed program ons in effect d your system w E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regula N SUBSTI AGE OCC 6. 1	the listed pr ations in ITUTE URRED FIMES	ogram 7. REASON FC
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE 2. LIVE?	listed program ons in effect d your system w E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regula N SUBSTI AGE OCC 6. 1	the listed pr ations in ITUTE URRED FIMES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE 2. LIVE?	listed program ons in effect d your system w E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regula N SUBSTI AGE OCC 6. 1	the listed pr ations in ITUTE URRED FIMES	ogram
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE 2. LIVE?	listed program ons in effect d your system w E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regula N SUBSTI AGE OCC 6. 1	the listed pr ations in ITUTE URRED FIMES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE 2. LIVE?	listed program ons in effect d your system w E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regula N SUBSTI AGE OCC 6. 1	the listed pr ations in ITUTE URRED FIMES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE 2. LIVE?	listed program ons in effect d your system w E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regula N SUBSTI AGE OCC 6. 1	the listed pr ations in ITUTE URRED FIMES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE 2. LIVE?	listed program ons in effect d your system w E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regula N SUBSTI AGE OCC 6. 1	the listed pr ations in ITUTE URRED FIMES	ogram
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Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	5	SYSTEM ID#
Name	Halstad Telephone Company		61720
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servio amount, se \$25	
		3 665 40	
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 \$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. 	7.66E+10	
	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 t accounting period is \$52.00.	his six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 253,190.00		
	3. Subtract line 2 from line 1		
		52 400 00	
	· · · ·	53,190.00	
		10,610.00	
	6. Subtract line 5 from line 4	42,580.00	
	7. Multiply line 6 by .005 (enter figure here)	\$	1,212.90
	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	\$	1,212.90
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	1,212.90	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	1,232.90
	EFT Trace # or TRANSACTION ID # 76597601325		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: bhone Company				SYSTEM ID# 61720
M Channels	to its subscribe1. Enter the tot system carrie2. Enter the tot	rs, and (2) the cable system's to al number of channels on which	the cable			20
	and nonbroad	Icast services				175
N Individual to Be Contacted		O BE CONTACTED IF FURTHE		RMATION IS NEEDED (Identify an individu	ual	
for Further Information	Name	Mark Forseth			Telephone	218-456-2125
	Address	PO Box 55 (Number, street, rural route, apartm Halstad, MN 56548 (City, town, state, zip)	ient, or suit	number)		
	Email	markforseth@rrv	/.net	Fax	x (optional)	
O Certification	 I, the undersig (Own (Age ir X (Offi ir I have examinare true, completion 	ned, hereby certify that (Check or her other than corporation or part in tof owner other than corporat in line 1 of space B and that the own icer or partner) I am an officer (if in line 1 of space B. ed the statement of account and H ete, and correct to the best of my tion 1001(1986)]	ne, <i>but on</i> artnershi tion or pr wner is no f a corpor hereby de knowledg X Enter an e Enter sign name:	b) I am the owner of the cable system as identified and the cable system as identif	entified in line 1 of space of the owner of the cable gal entity identified as ow ts of fact contained herei good faith.	system as identified /ner of the cable system
			CEO icial positio	held in corporation or partnership)		
		Date:			1/9/2024	
μ	ł					

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

AL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
IL NAME OF OWNER OF CADLE STSTEM.	SYSTEM II
stad Telephone Company	6172
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusior
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?	
YES. Enter the total here and list the satellite carrier(s) below.	
Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 -
x 0 days	
x 0 days	
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ (interest charge)	 5
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	 5
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.	 5
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on www.copyright.gov/licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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