This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

STATEME	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to		
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
Cable Syste	ems (Short Form)				
General instru	ctions are located	0.00.04	\$	For additional information, contact the U.S. Copyright Office Licensing Division at	
in the first tab	of this workbook.	2-29-24	ALLOCATION NUMBER	(202) 707-8150.	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))		
	2023/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31 - see instructions)		
		—			

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
Fenod			
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.	5
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Alliance Communications Cooperative, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 349	
		(Number, street, rural route, apartment, or suite number)	
		(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 as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Alliance Communications Cooperative, Inc.	665								
	Instructions: List each separate community served by the cable system. A "commun									
_	separate and distinct community or municipal entity (including unincorporated com									
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv									
	community." Please use it as the first community on all future filings.	e as a form of system identification hereafter known as the first								
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ame narks should be reported in parentheses below the identified								
Area		iome parks should be reported in parentneses below the identified								
Served	city.									
		07475								
	CITY OR TOWN	STATE								
First	Howard	SD								
Community	Carthage	SD								
	Oldham	SD								
Add Rows as Necessary	Ramona	SD								

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:													
Name	Alliance Communications Cooperative, Inc.													
					TEO									
E	SECONDARY TRANSMISSION In General: The information in s		-		-	transmission s	ervice of the	e cable						
	system, that is, the retransmission													
Secondary	about other services (including p						ose existin	g on the						
Transmission	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													
Service: Sub- scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in													
Rates		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													
			,		iy standard	rate variations	within a pa	rticular 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(c)."													
	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.	OCK 1			I		BLOCK 2							
		NO. OF	DO	DATE	CAT			NO. OF						
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CATE	CATEGORY OF SERVICE		SUBSCRIBERS	RATE					
	Service to first set				Basic			663	65.9					
	Service to additional set(s)				Elite			468	15.0					
	• FM radio (if separate rate)					Limited		14	11.9					
	Motel, hotel		9	9.00	Enterta				5.0					
	Commercial		3	5.00		ly & Education			5.0					
	Converter				Sports			1 1	5.0					
	Residential				Sports				5.0					
	Non-residential				Nureina	Irsing Home			9.0					
					Nursing	JIIOIIIE		58	3.0					
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES	1									
F	In General: Space F calls for rat				spect to all	your cable syst	em's servic							
F	not covered in space E, that is, t			not offered in c										
	service for a single fee There ar					,	,							
Services	0		,	lo not need to	give rate ir	nformation conc	erning (1) s	ervices						
Services Other Than	furnished at cost or (2) services	or facilities furni	shed to	lo not need to nonsubscribe	give rate ir s. Rate inf	formation conc	erning (1) s 1 include bo	ervices oth the						
	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furnis nit in which it is u rate column.	shed to isually b	lo not need to nonsubscribe villed. If any ra	give rate ir s. Rate inf es are cha	formation conc ormation should rged on a varia	erning (1) s d include bo ble per-prog	ervices oth the						
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Other Than Secondary Transmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a sibrief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	or facilities furnisiti in which it is urate column. The charged by the your cable systemed by the your cable systemed by the your cable systemed by the separate charge otion and included BLOC RATE 100 800 RATE 100 8100 26.00	shed to sually b e cable em furn was m the rat <u>K 1</u> <u>CATEG</u> Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	lo not need to nonsubscribe billed. If any rai system for ea ished or offere ade or establis e for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	give rate in rs. Rate inf es are cha ch of the a d during th shed. List th <u>VICE</u> idential	nformation conc cormation should rged on a varia oplicable servic ne accounting p hese other serv RATE	erning (1) s d include bo ble per-pro- es listed. eriod that w ices in the f CATEGO HBO Cinema Showtin	ervices off the gram basis, erere not form of a BLOCK 2 DRY OF SERVICE	16.9 12.9 16.9					

G PRIM In G Carrier FCC0 nary 76.5 nitters: subs vision Sub basi • Do stati • Lis basi Colu of lic Colu of lic Colu educ (for i For 1 Colu educ (for KEI Sas Necessary KT KT KD	IMARY TRANSMITTERS: General: In space G, ide rried by your cable syste C rules and regulations i .59(d)(2) and (4), 76.61(e botitute program basis, a ibstitute Basis Stations sis under specific FCC rules to <i>not</i> list the station here tion was carried <i>only</i> on ist the station here, and sis. For further information Jumn 1: List each station Idicast stream associated (ETA-2" as the same on Jumn 2: Give the chann license. For example, Wi Jumn 3: Indicate in each ucational station, by enter r independent multicast), r the meaning of these te Jumn 4: Give the location	entify every television station (including t m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. :: With respect to any distant stations ca lles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-t e carriage of certain network progr (e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct ogram services such as HBO, ESI air designation. For example, rep- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. the community to which the statior e community with which the statior 3. TYPE OF STATION N I-M	time basis under tams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" ional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Sioux Falls, SD Sioux Falls, SD
G In G carri FCC 76.5 Sub basi • Do stati • Lis basi Colu of lic Colu of lic Colu of lic Colu educ (for i Colu FCC Colu educ (for FCC 76.5 Sub basi • Do stati • Lis basi Colu of lic Colu FCC FCC KEI	General: In space G, ide rried by your cable system C rules and regulations i 559(d)(2) and (4), 76.61(e botitute program basis, a ibstitute Basis Stations sis under specific FCC rules to not list the station here tition was carried only on ist the station here, and sis. For further information olumn 1: List each station liticast stream associated (ETA-2" as the same on olumn 2: Give the chann license. For example, W olumn 3: Indicate in each ucational station, by enter r independent multicast), r the meaning of these te olumn 4: Give the location C. For Mexican or Cana 1. CALL SIGN ELO-CBS ELO-MYUTV ITW-Fox	entify every television station (including t m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. :: With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space J, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. n case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or perms, see page (iv) of the general instruc- on of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 11.1	(1) stations carried only on a part-t e carriage of certain network progr (e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct ogram services such as HBO, ESI air designation. For example, rep- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. the community to which the statior e community with which the statior 3. TYPE OF STATION N I-M	time basis under tams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" ional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Sioux Falls, SD Sioux Falls, SD
j carri FCC nary nitters: subs vision Sub basi · Do stati · Lis basi Colu of lic Colu of lic Colu of lic Colu educ (for i For t Colu educ KEI KEI	rried by your cable system C rules and regulations i .59(d)(2) and (4), 76.61(e bastitute program basis, a ibstitute Basis Stations sis under specific FCC ru to <i>not</i> list the station here attion was carried <i>only</i> on ist the station here, and sis. For further informatic Jumn 1: List each station Jumn 1: List each station Jumn 2: Give the chann license. For example, W Jumn 3: Indicate in each ucational station, by enter r independent multicast), r the meaning of these te Jumn 4: Give the location CC. For Mexican or Cana 1. CALL SIGN ELO-CBS ELO-MYUTV ITW-Fox	m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. a case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 11.1	(1) stations carried only on a part-t e carriage of certain network progr (e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct ogram services such as HBO, ESI air designation. For example, rep- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. the community to which the statior e community with which the statior 3. TYPE OF STATION N I-M	time basis under tams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" ional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Sioux Falls, SD Sioux Falls, SD
as Necessary KT KT KT KD	ELO-CBS ELO-MyUTV ITW-Fox	11.1 11.2	N I-M	Sioux Falls, SD Sioux Falls, SD
as Necessary KT KT KT KD	ELO-MyUTV ITW-Fox	11.2	I-M	Sioux Falls, SD
Necessary KT KT KT KD	TTW-Fox			
KT KT		7.1	N	Sieur Falla SD
KT KD	TTW-This TV		N	Sioux Falls, SD
KD		7.2	I-M	Sioux Falls, SD
	TTW-Cozi	7.3	I-M	Sioux Falls, SD
	DLT-NBC	46.1	N	Sioux Falls, SD
KD	DLT-Antenna TV	46.2	I-M	Sioux Falls, SD
KS	SFY-ABC	13.1	N	Sioux Falls, SD
KS	SFY-CW	13.2	I-M	Sioux Falls, SD
KS	SFY-Me TV	13.3	I-M	Sioux Falls, SD
кс	CPO	26	I	Sioux Falls, SD
KC	CSD	24.1	E	Sioux Falls, SD
KC	CSD-EW	24.2	E-M	Sioux Falls, SD
	CSD-EC	24.3	E-M	Sioux Falls, SD
	SCB	53	I	Sioux Falls, SD

Accounting F								FORM	M SA1-2E. PAGE 4	
			rstem: operative, Inc.						SYSTEM ID 66	
									000	
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	
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio state this by placing Sive the station	y the sys be recei t the Cop sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	at i sy hi	the system's hear rstem's FM anter s point, see pag d by the cable system station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters: Radio	
		-	-		1					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
				1						

Accounting Perio							FOR	M SA1-2E. PAGE 5.					
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#					
Name	Alliance Communication	ons Coope	erative, Inc.					665					
	SUBSTITUTE CARRIAGE		STATEMEN	T AND PROGRAM LOG									
	In General: In space I, identi				<i>distant</i> statio	on that your	cable syster	n carried on a					
-	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further												
Substitute	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												
Carriage: Special		-											
Statement and	 During the accounting per 	-	is, any nonne	etwork televi	sion progra								
Program Log	broadcast by a distant stati	on?					YES	× NO					
	Note: If your answer is "No,	" leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	e the progra	am					
	log 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 station												
	period, was broadcast by a under certain FCC rules, re												
	Do not use general categor	ies like "mo	vies" or "baske	etball." List specific program	n titles, for ex	kample, "I Lo	ove Lucy" o	r					
	"NBA Basketball: 76ers vs.	Bulls."											
				r "Yes." Otherwise enter "N asting the substitute progra									
	Column 4: Give the broa	dcast static	on's location (th	ne community to which the	station is lice		e FCC or, in	I					
	the case of Mexican or Can			community with which the tem carried the substitute			with the mo	onth					
	first. Example: for May 7 giv		when your sys		piogram. Ose	e numerais,	with the file	ла					
	Column 6: State the time	es when the		gram was carried by your				ely					
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m. s	should be						
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that	your system	was require	ed					
	to delete under FCC rules a was substituted for program							gram					
	effect on October 19, 1976.		our system wa			anu regulatit	5115 111						
	s		AGE OCCL		7. REASON FOR								
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION					
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то						
						-							
						_	_						
						-	_						
						-	_						
							_						
						_	_						
						-	_						
						_	_						
								+					

Accounting Period:	2023/2	FORM SA1-2E. PAGE 6.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Alliance Communications Cooperative, Inc.	665								
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service								
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 \$2' 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. 	63,800.								
	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 thi accounting period is \$52.00.	s six-month								
	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									
	1. Base amount under statutory formula \$ 263,800.00	,								
	2. Enter amount of gross receipts from space K									
	3. Subtract line 2 from line 1									
	4. Enter the amount of gross receipts from space K									
	5. Enter the amount from line 3									
	6. Subtract line 5 from line 4									
	7. Multiply line 6 by .005 (enter figure here)									
	8. Interest charge. Enter the amount from line 4, space Q, page 8									
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)								
	1. Enter the amount of gross receipts from space K \$ 334,803.56									
	2. Base amount under statutory formula									
	3. Subtract line 2 from line 1									
	4. Multiply line 3 by .01	710.04								
	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	\$ 2,029.04								
	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)	2,029.04								
Due	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	\$ 2,049.04								
	EFT Trace # or TRANSACTION ID # 27CBS91R									
	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	pre information.								

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: nunications Cooperative			SYSTEM ID# 665
M Channels	to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the	rs, and (2) the cable system al number of channels on wi ed television broadcast stati al number of activated chan cable system carried televis	's total nu nich the ca ons nels sion broad		16 284
N Individual to Be Contacted		O BE CONTACTED IF FUR about this statement of acc		FORMATION IS NEEDED (Identify an individual	
for Further Information	Name	Kari Flanagan		Telephone 605	-594-8228
	Address	PO Box 349, 612 3r (Number, street, rural route, ap Garretson, SD 570 (City, town, state, zip)	artment, or s		
	Email	karif@alliance	e.coop	Fax (optional	
O	I, the undersigned (Owned) (Agen X (Office) I have examined	ed, hereby certify that (Check er other than corporation or t of owner other than corpo in line 1 of space B and that ere or partner) I am an officer in line 1 of space B. d the statement of account and ete, and correct to the best of	one, <i>but of</i> partnersh ration or p the owner i (if a corpo	certified and signed in accordance with Copyright Office regulations) <i>nly one</i> , of the boxes.) nip) I am the owner of the cable system as identified in line 1 of space B; or partnership) I am the duly authorized agent of the owner of the cable system a is not a corporation or partnership; or pration) or a partner (if a partnership) of the legal entity identified as owner of the eclare under penalty of law that all statements of fact contained herein idge, information, and belief, and are made in good faith.	
				/s/Kari J. Flanagan an electronic signature on the line above to certify this statement. signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	ed name:	Kari J. Flanagan	
		Title:	CFO Title of offic	ial position held in corporation or partnership)	
	1				

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.

ounting Period: 2023/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ance Communications Cooperative, Inc.	66
 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? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	·
* 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.	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
** 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	
** 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.	
 ** 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 	
 ** 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 	

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C	Cable Worksheet	Total amount of remittance	Number of SAs rec'	d Initials					
		Date of remittance	Check EFT	FILING FEES					
Cable ID #				Amount Initials					
Examined by	Reviewed by	Date examination completed	Allocation number						
Space A		(enter four digit year and	l /1 (for Jan-Jun period) or /2 (for Ju	l-Dec period) No spaces)					
Accounting Period	Letter sent								
	Accepted Phone call/Date/Contact								
Space B Owner									
	Letter sent	[Information received						
	Accepted	[Phone call/Date/Contact						
Space D Area Served									
	Letter sent	[Information received						
	Accepted	[Phone call/Date/Contact						
Space E Secondary Transission									
Service Subscribers:	Letter sent	[Information received						
and Rates	Accepted	[Phone call/Date/Contact						
Space G Primary Transmitters:									
Television	Letter sent		Information received						
	Accepted		Phone call/Date/Contact						
Space H Primary Transmitters:									
Radio	Accepted		Phone call/Date/Contact						

Space I Substitute Carriage

Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	