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						
2/13/24	\$ 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	ACC	OUNTING 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
		SJOBERGS CABLEVISION INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		315 MAIN AVE N (Number, street, rural route, apartment, or suite number)
		THIEF RIVER FALLS, MN 56701-1905 (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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/2	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	SJOBERGS CABLEVISION INC	773								
	Instructions: List each separate community served by the cable system. A "communit									
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the								
	CITY OR TOWN	STATE								
First	RED LAKE FALLS	MN								
Community		•								
Add Rows as Necessary										
		•								

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

773

SJOBERGS CABLEVISION INC

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 	159	98.79	MOTEL EXTRA SET	34	1.50/MC		
 Service to additional set(s) 	N/A						
 FM radio (if separate rate) 	N/A						
Motel, hotel	1	98.79					
Commercial	2	98.79					
Converter	N/A						
Residential	N/A						
Non-residential	N/A						
					(

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			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SJOBERGS CABLEVISION INC

773

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
KXJB	4	N	FARGO, ND
KCPM	5	<u>l</u>	GRAND FORKS, ND
WDAZ	8	N	DEVILS LAKE, ND
CBWT	12	<u> </u>	WINNIPEG, MANITOBA
KVLY	11	N	GRAND FORKS, ND
KBRR	10	<u> </u>	THIEF RIVER FALLS, MN
	•		
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SJOBERGS CABLEVISION INC

773

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	ΛM 05 ΓM	C/D	LOCATION OF STATION	CALLSION	ΛΜ or ΓΝ4	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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Assouration Design	.d. 2022/2						F0F	M CA4 OF BACE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUF	SYSTEM ID#	
Name	SJOBERGS CABLEVI							773	
	SUBSTITUTE CARRIAG	E. CDECI	AL CTATEME	ENT AND DROCDAM LO	<u> </u>				
1	In General: In space I, ident	_	_			ion that y	our cable sy	stem carried on a	
•	substitute basis during the a								
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.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	 During the accounting pe 	riod, did yoı	ur cable syste	m carry, on a substitute ba	sis, any nonn	etwork te	levision pro	gram	
Program Log	m Log broadcast by a distant station?								
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	"Yes," you n	nust com	plete the pro	gram	
	log in block 2.								
	2. LOG OF SUBSTITUTI		-						
	In General: List each subsclear. If you need more spa				wherever po	ossible, if	their meanir	ng is	
				vision program ("substitute	program") th	nat, durin	g the accour	nting	
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.	Bulls."			•		,	· .	
				er "Yes." Otherwise enter " casting the substitute progr					
		0		the community to which the		ensed by	the FCC or	, in	
	the case of Mexican or Car								
	Column 5: Give the more first. Example: for May 7 gi		when your sy	stem carried the substitute	program. Us	se numera	als, with the	month	
			e substitute pr	ogram was carried by your	cable syster	n. List the	e times accu	rately	
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.ı	m. should be	•	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	ter "R" if the	listed program	m was substituted for progr	amming that	vour svs	tem was <i>rea</i>	uired	
	to delete under FCC rules	and regulat	ions in effect o	during the accounting perio	d; enter the le	etter "P" i	f the listed p		
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regu	ılations in		
	effect off October 19, 1970	-						_	
						N SUBS			
	S	ı	E PROGRAM				CURRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES TO	52226.1	
							_		
								""	
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							_		

Accounting Period:	2023/2 FOR	M SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI							
Traino	SJOBERGS CABLEVISION INC	7							
K Gross 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 receipts.	92,391.62							
L Copyright Royalty Fee	IMPORTANT: You must complete a statement in space P concerning gross receipts. 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 \$263,800 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.								
	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 this six-mo accounting period is \$52.00	n'							
	Line 1. Royalty fee for accounting period	52.00							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	52.00							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)								
	1. Base amount under statutory formula								
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0_							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0_							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	0							
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	0							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	yri							

Accounting Period:	2023/2			FORM SA1-2E. PAGE 7.					
Name	SJOBERGS CAI	WNER OF CABLE SYSTEM: BLEVISION INC		SYSTEM ID# 773					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable								
	system carried to	elevision broadcast stations .							
	on which the cab	number of activated channels ble system carried television l ast services	proadcast stations	180					
N Individual to Be Contacted	we can contact ab	bout this statement of accoun	ER INFORMATION IS NEEDED (Identify an individual to whom t.)						
for Further Information		Richard J Sjoberg	Telephone	218-681-3044					
		315 Main Ave N (Number, street, rural route, apartn	nent, or suite number)						
		Thief River Falls, MN (City, town, state, zip)	56701						
	Email	rsjoberg@mnca	ble.net Fax (optional) 218-681-680	11					
	CERTIFICATION (This statement of account mu	st be certified and signed in accordance with Copyright Office regulations)						
O Certification	• I, the undersigned	d, hereby certify that (Check o	ne,but only one, of the boxes.)						
	(Owner	other than corporation or p	artnership) I am the owner of the cable system as identified in line 1 of space	B; or					
			tion or partnership) I am the duly authorized agent of the owner of the cable wner is not a corporation or partnership; or	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 the legal entity identified as ov	vner of the cable system					
		e, and correct to the best of my	nereby declare under penalty of law that all statements of fact contained herei knowledge, information, and belief, and are made in good faith.	n					
			X /s/ Richard J Sjoberg						
			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: Richard J Sjoberg						
		Title:	President icial position held in corporation or partnership)						
		Date:	01/30/2024						

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Accounting Period: 2023/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 773 SJOBERGS CABLEVISION INC 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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 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. \$ 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. **Interest Assessment** davs 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. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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. Owner Address ID number First community served

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Accounting period