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

25321

STATEME	NT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondar	ry Transmissions by	DATE RECEIVED	AMOUNT	- coplicsoa@loc.gov
General instruc	<i>ms (Short Form)</i> ctions are located of this workbook	2/24/2025	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED E	3Y THIS STATEMENT: (YYY	Y/(Period))	
	2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional -	see instructions)	
Accounting Period				
	Instructions:	o cable custom . If the owner is a subsidia	ry of another corporation, give the full corp	arata titla of
В	the subsidiary, not that of the parent corpo	-	ny or another corporation, give the full corp	
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 a statement of account and royalty fee paym		last day of the accounting period should sub d.	omit a single

Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Midcontinent Communications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 5040
		(Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040
		(City, town, state, zip)
С		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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	Wahpeton, ND
		MAILING ADDRESS OF CABLE SYSTEM:
	_	PO Box 5040
	2	(Number, street, rural route, apartment, or suite number)
		Sioux Falls, SD 57117-5040
		(City, town, state, zip code)

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

Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Midcontinent Communications	25321
D Area Served	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h city.	nunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Wahpeton	ND
Community	Hankinson	ND
Add Rows as Necessary	Lidgerwood Fairmount	ND ND
Add Rows as Necessary	Breckenridge	MN

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM ID
Name	Midcontinent Communications							010	2532
		alions							
Е	SECONDARY TRANSMISSION								
E	In General: The information in sp			-	•				
Secondary					ists by your system to subscribers. Give information Il the facts you state must be those existing on the				
Transmission	last day of the accounting period				-		leee entering	y en ano	
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary			•	•				
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)								
	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.	· · ·	,		ny standaro	d rate variations	within a par	ticular rate	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide			•					
	that applies to your system. Note							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to a	dditiona	I sets would b	e included	in the count und	der "Service	to the	
	first set" and would be counted o						different free	a thank	
	Block 2: If your cable system h printed in block 1 (for example, ti	Ű		-					
	with the number of subscribers a								
	sufficient.	,	5			1			
	BLC	DCK 1	r				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,647	30.00	Busine	ss Accounts		104	30.0
	 Service to additional set(s) 				High Do	ef Converter 1		1,708	3.0
	• FM radio (if separate rate)				Nursing	g Homes		245	11.0
	Motel, hotel		15	5.50					
	Commercial		250	83.00					
	Converter		1,912	3.00					
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SECO In General: Space F calls for rat					vour cable svst	em's service	es that were	
F	not covered in space E, that is, th								
	service for a single fee. There are	•			•		• • •		
Services	furnished at cost or (2) services of								
Other Than Secondary	amount of the charge and the un		usually t	oilled. If any ra	ites are cha	arged on a varia	ible per-prog	jram basis,	
ransmissions:	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.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
		16.00		el, hotel		499.00	Cinemax		16.0
	• Pay cable			nmercial		499.00	Digital 1		10.0
	• Pay cable—add'l channel					Showtime			
	Pay cable—add'l channel Fire protection			cable			Starz!&Encore		16.0
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pay	cable-add'l cl	nannel				16.0
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Fire	cable-add'l cl protection			ТМС	Encore	16.0 16.0
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	50.00	• Pay • Fire • Burg	cable-add'l cl protection glar protection			TMC Digital V	Encore /ariety	16.0 16.0 4.0
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	50.00 25.00	• Pay • Fire • Burg Other s	cable-add'l cl protection glar protection ervices:			TMC Digital V Digital I	Encore /ariety Espanol	16.0 16.0 4.0 5.0
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Burg Other s	cable-add'l cl protection glar protection		150.00	TMC Digital V Digital I	Encore /ariety	16.0 16.0 4.0
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Burg Other s • Rec	cable-add'l cl protection glar protection ervices:		-	TMC Digital V Digital I	Encore /ariety Espanol	16.0 16.0 4.0 5.0
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Burg • Burg • Rec • Disc	cable-add'l cl protection glar protection ervices: onnect		150.00 - 25.00	TMC Digital V Digital I	Encore /ariety Espanol	16.0 16.0 4.0 5.0

Nama	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE					
Name	Midcontinent Commu	nications		2					
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable syster	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part-ti	ime basis under					
Primary		e)(2) and (4), or 76.63 (referring to 76.6	1(e)(2) and (4))]; and (2) certain stat	tions carried on a					
nsmitters: elevision	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								
	• Do not list the station here	 basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> 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 <i>only</i> on a substitute basis. 							
		also in space I, if the station was carried							
		n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p							
		with a station according to its over-the	e-air designation. For example, repo	ort multistream					
	"WETA-2" as the same on t Column 2: Give the channed	el number the FCC assigned to the tele	vision station for broadcasting over	the air in its community					
		RC is channel 4 in Washington, D.C. case whether the station is a network	station on independent station or a	anoncommercial					
	educational station, by ente	ring the letter "N" (for network), "N-M" (for network multicast), "I" (for indepe	endent), "I-M"					
		"E" (for noncommercial educational), or rms, see page (iv) of the general instru		ional multicast).					
	3		• •	is licensed by the					
	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.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KFME-DT	13	E	FARGO, ND (PBS)					
	KFME-DT2	13.2	E-M	FARGO,ND(PBS WRLD/LIFE)					
vs as Necessary	KFME-DT3	13.3	E-M	FARGO, ND (PBS MN HD)					
	KFME-DT4	13.4	E-M	FARGO, ND (PBS KIDS)					
	KRDK-DT	24	<u> </u>	VALLEY CITY, ND (COZI TV HD)					
	KVLY-DT	36	Ν	FARGO, ND (NBC)					
	KVLY-DT2	36.2	N-M	FARGO, ND (CBS-KXJB)					
	KVLY-DT3	36.3	I-M	FARGO, ND (ME TV)					
	KVLY-DT3 KVRR-DT	36.3 19	I-M	FARGO, ND (ME TV) FARGO, ND (FOX)					
	KVRR-DT	19	I	FARGO, ND (FOX)					
	KVRR-DT KVRR-DT2	19 19.2	I I-M	FARGO, ND (FOX) FARGO, ND (ANTENNA)					
	KVRR-DT KVRR-DT2 KXJB-LD2	19 19.2 30.2	I I-M I-M	FARGO, ND (FOX) FARGO, ND (ANTENNA) HORACE, ND (CW) HORACE, ND (HEROES)					
	KVRR-DT KVRR-DT2 KXJB-LD2 KXJB-LD3 WDAY-DT	19 19.2 30.2 30.3 21	I I-M I-M I-M N	FARGO, ND (FOX) FARGO, ND (ANTENNA) HORACE, ND (CW) HORACE, ND (HEROES) FARGO, ND (ABC)					
	KVRR-DT KVRR-DT2 KXJB-LD2 KXJB-LD3 WDAY-DT WDAY-DT2	19 19.2 30.2 30.3 21 21.2	I I-M I-M N I-M	FARGO, ND (FOX) FARGO, ND (ANTENNA) HORACE, ND (CW) HORACE, ND (HEROES) FARGO, ND (ABC) FARGO, ND (TrueCrime)					
	KVRR-DT KVRR-DT2 KXJB-LD2 KXJB-LD3 WDAY-DT WDAY-DT2 WDAY-DT3	19 19.2 30.2 30.3 21 21.2 21.3	I I-M I-M I-M I-M I-M	FARGO, ND (FOX) FARGO, ND (ANTENNA) HORACE, ND (CW) HORACE, ND (HEROES) FARGO, ND (ABC) FARGO, ND (TrueCrime) FARGO, ND (WDAY'Z XTRA HD)					
	KVRR-DT KVRR-DT2 KXJB-LD2 KXJB-LD3 WDAY-DT WDAY-DT2 WDAY-DT3 WCCO-DT	19 19.2 30.2 30.3 21 21.2 21.3 32	I I-M I-M N I-M I-M I-M N	FARGO, ND (FOX) FARGO, ND (ANTENNA) HORACE, ND (CW) HORACE, ND (HEROES) FARGO, ND (ABC) FARGO, ND (TrueCrime) FARGO, ND (WDAY'Z XTRA HD) MINNEAPOLIS, MN (CBS)					
	KVRR-DT KVRR-DT2 KXJB-LD2 KXJB-LD3 WDAY-DT WDAY-DT2 WDAY-DT3 WCCO-DT KVLY-DT4	19 19.2 30.2 30.3 21 21.2 21.3 32 36.4	I I-M I-M I-M I-M I-M	FARGO, ND (FOX)FARGO, ND (ANTENNA)HORACE, ND (CW)HORACE, ND (HEROES)FARGO, ND (ABC)FARGO, ND (TrueCrime)FARGO, ND (WDAY'Z XTRA HD)MINNEAPOLIS, MN (CBS)FARGO, ND (THE 365)					
	KVRR-DT KVRR-DT2 KXJB-LD2 KXJB-LD3 WDAY-DT WDAY-DT2 WDAY-DT3 WCCO-DT KVLY-DT4 KNGF-DT	19 19.2 30.2 30.3 21 21.2 21.3 32 36.4 27.1	I I-M I-M I-M I-M I-M I-M I-M I-M I-M I	FARGO, ND (FOX) FARGO, ND (ANTENNA) HORACE, ND (CW) HORACE, ND (HEROES) FARGO, ND (ABC) FARGO, ND (TrueCrime) FARGO, ND (WDAY'Z XTRA HD) MINNEAPOLIS, MN (CBS) FARGO, ND (THE 365) Grand Forks, ND (BEK Sports HD)					
	KVRR-DT KVRR-DT2 KXJB-LD2 KXJB-LD3 WDAY-DT WDAY-DT2 WDAY-DT3 WCCO-DT KVLY-DT4 KNGF-DT KNGF-DT2	19 19.2 30.2 30.3 21 21.2 21.3 32 36.4 27.1 27.2	I I-M I-M I-M I-M I-M I-M I-M I I-M	FARGO, ND (FOX) FARGO, ND (ANTENNA) HORACE, ND (CW) HORACE, ND (HEROES) FARGO, ND (ABC) FARGO, ND (TrueCrime) FARGO, ND (WDAY'Z XTRA HD) MINNEAPOLIS, MN (CBS) FARGO, ND (THE 365) Grand Forks, ND (BEK Sports HD)					
	KVRR-DT KVRR-DT2 KXJB-LD2 KXJB-LD3 WDAY-DT WDAY-DT2 WDAY-DT3 WCCO-DT KVLY-DT4 KNGF-DT	19 19.2 30.2 30.3 21 21.2 21.3 32 36.4 27.1	I I-M I-M I-M I-M I-M I-M I-M I-M I-M I	FARGO, ND (FOX) FARGO, ND (ANTENNA) HORACE, ND (CW) HORACE, ND (HEROES) FARGO, ND (ABC) FARGO, ND (TrueCrime) FARGO, ND (WDAY'Z XTRA HD) MINNEAPOLIS, MN (CBS) FARGO, ND (THE 365) Grand Forks, ND (BEK Sports HD)					
	KVRR-DT KVRR-DT2 KXJB-LD2 KXJB-LD3 WDAY-DT WDAY-DT2 WDAY-DT3 WCCO-DT KVLY-DT4 KNGF-DT KNGF-DT2	19 19.2 30.2 30.3 21 21.2 21.3 32 36.4 27.1 27.2	I I-M I-M I-M I-M I-M I-M I-M I I-M	FARGO, ND (FOX) FARGO, ND (ANTENNA) HORACE, ND (CW) HORACE, ND (HEROES) FARGO, ND (ABC) FARGO, ND (TrueCrime) FARGO, ND (WDAY'Z XTRA HD) MINNEAPOLIS, MN (CBS) FARGO, ND (THE 365) Grand Forks, ND (BEK Sports HD)					
	KVRR-DT KVRR-DT2 KXJB-LD2 KXJB-LD3 WDAY-DT WDAY-DT2 WDAY-DT3 WCCO-DT KVLY-DT4 KNGF-DT KNGF-DT2	19 19.2 30.2 30.3 21 21.2 21.3 32 36.4 27.1 27.2	I I-M I-M I-M I-M I-M I-M I-M I I-M	FARGO, ND (FOX) FARGO, ND (ANTENNA) HORACE, ND (CW) HORACE, ND (HEROES) FARGO, ND (ABC) FARGO, ND (TrueCrime) FARGO, ND (WDAY'Z XTRA HD) MINNEAPOLIS, MN (CBS) FARGO, ND (THE 365) Grand Forks, ND (BEK Sports HD)					
	KVRR-DT KVRR-DT2 KXJB-LD2 KXJB-LD3 WDAY-DT WDAY-DT2 WDAY-DT3 WCCO-DT KVLY-DT4 KNGF-DT KNGF-DT2	19 19.2 30.2 30.3 21 21.2 21.3 32 36.4 27.1 27.2	I I-M I-M I-M I-M I-M I-M I-M I I-M	FARGO, ND (FOX) FARGO, ND (ANTENNA) HORACE, ND (CW) HORACE, ND (HEROES) FARGO, ND (ABC) FARGO, ND (TrueCrime) FARGO, ND (WDAY'Z XTRA HD) MINNEAPOLIS, MN (CBS) FARGO, ND (THE 365) Grand Forks, ND (BEK Sports HD)					

Accounting P							FOR	M SA1-2E. PAGE 4.
LEGAL NAME OF Midcontinen								SYSTEM ID#
Midcontinien	Commun	ication	5					25321
all-band basis w	every radio s /hose signals	tation ca were ger	rried on a separate and discre nerally receivable by your cabl -Band FM Carriage: Under C	e system during	the accounting	g period		H
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1 : Id Column 2: St	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be recei t the Co sign of e he statio	whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. n is AM or FM. nal was electronically processed	the system's hea system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Transmitters: Radio
signal, indicate t Column 4: G	this by placing ive the statior	g a check n's locatio	a mark in the "S/D" column. The community to which the the community with which the	e station is licens	ed by the FC0			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		L						

Accounting Perio	od: 2024/2					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	Midcontinent Commun	nications					25321
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each subsi clear. If you need more spa Column 1: Give the title 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	ty every nor coounting pe- ing that mus CONCER iod, did you tion? ", leave the PROGRA CONCER idute progra ce, please is of every no distant statt gulations, o ies like "mo Bulls." n was broad sign of the s adcast statid	metwork televis eriod, under spe it be included in NING SUBST r cable system rest of this page MS add additional in nnetwork telev vion and that yo or authorizationar vies" or "baske dcast live, ente station broadca on's location (th	ion program, broadcast by cific present and former FC this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute bas ge blank. If your answer is the line. Use abbreviations rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen tiball." List specific progra r "Yes." Otherwise enter " asting the substitute progra- ne community to which the	a <i>distant</i> static CC rules, regula e <u>general instru</u> sis, any nonne "Yes," you mu wherever pos program") that ed for the prog- ieral instructio m titles, for ex No." am. e station is lice	ations, or authorizations. actions in the paper SA1 twork television program YES ust complete the program assible, if their meaning i at, during the accounting iramming of another stat ns for further informatic ample, "I Love Lucy" or insed by the FCC or, in	n carried on a For a further -2 form. m X NO m s g ation n.
	first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. 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.	ve "5/7." es when the Example: a er "R" if the and regulation ming that y UBSTITUT	e substitute pro a program carri listed program ons in effect du your system wa	was substituted for progr rring the accounting period is permitted to delete unde	cable system :15 p.m. to 6:2 amming that y d; enter the let er FCC rules a WHE CARR	List the times accurate 8:30 p.m. should be our system was <i>require</i> ter "P" if the listed prog	əly əd
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	
					-		
					_		
					_	_	
						_	
						_	
					-	_	
							·· ·
					-		+
							+
							+
					-		+

Accounting Period:	2024/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			:	SYSTEM ID#
Humo	Midcontinent Communications				25321
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the st (as identified in space E) during the accounting period. For a further explanation 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 receipting the statement in space P concerning the statement in spa	ystem's see n of how to	condary transmi compute this a	ssion service mount, see	
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than formation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	is 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 lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	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				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 l	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	431,446.80		
		\$	263,800.00		
		\$	167,646.80		
	- 4. Multiply line 3 by .01		\$	1,676.47	
	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		\$	2,995.47
	FILING FEE AND TOTAL REMITTANCE DU	F			
		_			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,995.47	
	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			\$	3,015.47
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				ghts!

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 25321
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 television broadcast stations	20 445
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Rachel Meyer Telephone 952-84	44-2655
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435	
	(City, town, state, zip) Email rachel.meyer@midco.com Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or 	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the	
	in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Rachel Meyer	
	Title: Director of Programming (Title of official position held in corporation or partnership)	
	Date: February 14, 2025	

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

unting Period: 2024/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
continent Communications	2532
 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 	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	-
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 Accounting period	

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