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						
	\$					
2/24/2025	ALLOCATION NUMBER					
_,,_020						

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	DUNTING 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						
		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 salready 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:						
	<u> </u>	Cooperstown, 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period: 2	2024/2						
		FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Ttullio .	Midcontinent Communications	28905					
	Instructions: List each separate community served by the cable system. A "community"						
D	separate and distinct community or municipal entity (including unincorporated commununincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	as a form of system identification hereafter known as the "first					
Area Served	rea city						
	CITY OR TOWN	STATE					
First	Cooperstown	ND					
Community	Binford	ND					
	Carrington	ND					
Add Rows as Necessary	Hannaford	ND					
	Норе	ND					
	Kensal	ND					
	New Rockford	ND					
	Page	ND					
	Wimbledon	ND					

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

FORM SA1-2E. PAGE 2.

SYSTEM ID#

28905

Ε

Secondary

Transmission Service: Sub-

scribers 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			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	418	30.00	Business Accounts	40	30.00
Service to additional set(s)			High Def Converter	535	3.00
• FM radio (if separate rate)			Nursing Homes	99	5.00
Motel, hotel					
Commercial	64	13.00			
Converter	611	3.00			
Residential					
Non-residential					

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	RATE CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	16.00	Motel, hotel	499.00	Cinemax	16.00
 Pay cable—add'l channel 		Commercial	499.00	Digital 1	10.00
 Fire protection 		• Pay cable		Showtime	16.00
•Burglar protection		Pay cable-add'l channel		Starz!&Encore	16.00
Installation: Residential		Fire protection		TMC	16.00
First set	50.00	Burglar protection		Dig Sports & Variety	11.00
 Additional set(s) 	25.00	Other services:		Digital Espanol	5.00
 FM radio (if separate rate) 		Reconnect	150.00	Digital Variety	4.00
Converter		Disconnect	-		
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28905

Midcontinent Communications PRIMARY TRANSMITTERS: TELEVISION

G

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
KCGE-DT	16	E	CROOKSTON, MN (PBS)
KCGE-DT2	16.2	E-M	CROOKSTON,MN(PBSWRLD/LF)
KCGE-DT3	16.3	E-M	CROOKSTON,MN(PBS MN HD)
KCGE-DT4	16.4	E-M	CROOKSTON,MN(PBS KIDS)
KJRR-DT	7	l	JAMESTOWN, ND (FOX)
KJRR-DT2	7.2	I-M	JAMESTOWN,ND(ANTENNA)
KRDK-DT	24	l	VALLEY CITY, ND (COZI TV HD)
KVLY-DT	36	N	FARGO, ND (NBC)
KVLY-DT2	36.2	N-M	FARGO, ND (CBS-KXJB)
KVLY-DT3	36.3	I-M	FARGO, ND (ME TV)
KXJB-LD2	30.2	I-M	HORACE, ND (CW)
KXJB-LD3	30.3	I-M	HORACE, ND (HEROES)
WDAZ-DT	8	N	DEVILS LAKE, ND (ABC)
WDAY-DT3	21.3	I-M	FARGO, ND (WDAY'Z XTRA HD)
WDAY-DT2	21.2	I-M	FARGO, ND (TrueCrime)
KVLY-DT4	36.2	I-M	FARGO, ND (The 365)
KNGF-DT	27.1	l	GRAND FORKS,ND(BEK SPORTS)
WDAY-DT	21.1	N	FARGO, ND (ABC)
KNGF-DT2	27.2	I-M	Grand Forks, ND (BEK 2)
KNGF-DT3	27.3	I-M	Grand Forks, ND (BEK 3)
KFYR-DT	31.1	N	BISMARCK, ND (NBC)

Midcontinent Communications

28905

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).

		_	T		1	_	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 	 					
	ļ						
		ļ					
					ļ		
	<u> </u>					L	
		T					
					 		
	 	 					
	ļ						
					ļ		
	<u> </u>					L	
	ļ						
							
		 			ļ		
					ļ		
	L					L	

Accounting Dorin	d. 2024/2						F05	M SA1 2E BACE 5
Accounting Perio	LEGAL NAME OF OWNER OF (CABLE SYST	EM:				FUR	SYSTEM ID#
Name	Midcontinent Commun							28905
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant statt Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs Column 2: If the program Column 3: Give the call secolumn 4: Give the broat the case of Mexican or Canter Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	fy every non- counting pe- ing that must CONCER iod, did you cion? I leave the PROGRA itute progra ce, please a of every non distant state gulations, o les like "mo Bulls." n was broad sign of the s idcast static adian static ath and day we "5/7." es when the Example: a	metwork televis eriod, under spe et be included in NING SUBST r cable system rest of this pag MS am on a separa add additional in nnetwork televion and that your authorization vies" or "baske dcast live, ente estation broadca on's location (the ons, if any, the when your sys e substitute pro a program carri	cific program, broadcast by secific present and former FC to this log, see page (v) of the ITUTE CARRIAGE acarry, on a substitute base ge blank. If your answer is the line. Use abbreviations rows to the tables. It is is is no program ("substitute our cable system substitute our capte our "Yes." Otherwise enter "asting the substitute programe community to which the community with which the other carried the substitute or gram was carried by your	a distant station CC rules, regulate general instructions, any nonnel "Yes," you mu wherever post program") that add for the program titles, for existion is lice station is lice station is iden program. Use cable system.	ations, or authoritions in the twork televisions in the twork televisions are two televisions. It is to the two televisions are the two televisions for further ample, "I Low manufacture to tified). In the time the time the time the two televisions are the time the two televisions are the two	meaning is accounting another star information re Lucy" or FCC or, in with the more accounting another star information resure Lucy.	28905 In carried on a For a further 2 form. NO m Solution n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	ons in effect du	od; enter the letter "P" if the listed program der FCC rules and regulations in WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS			7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– TO	
				 				·
				 			_	
				 			_	
				 			_	
				 				·
				 				·
				 			_	
				 				-
							_	
					-			
			 	 	-	L		

Accounting Period:	2024/2		FORM SA	A1-2E. PAGE 6						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications		S	YSTEM ID# 28905						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	s secondary transm w to compute this a	ission service amount, see	9,974.06 oss receipts)						
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less see page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600	263,800							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00	t you must pay for th	is six-month							
	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									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but									
	Base amount under statutory formula	263,800.00	_							
	Enter amount of gross receipts from space K		<u>-</u>							
	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)									
	Enter the amount of gross receipts from space K		_							
	Base amount under statutory formula	263,800.00	_							
	3. Subtract line 2 from line 1		_							
	4. Multiply line 3 by .01	·								
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	52.00							
Due	Filing Fee (See the instructions for more information on filing fee calculations)	\$	15.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00						
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			nts!						

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.			
Name		WNER OF CABLE SYSTEM: Communications				SYSTEM ID# 28905			
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.								
	on which the	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services							
N Individual to Be Contacted		about this statement of accou		RMATION IS NEEDED (Identify an ind	ividual to whom				
for Further Information	Name	Rachel Meyer	o STE	700	Telephone	952-844-2655			
	Address	3600 Minnesota Driv (Number, street, rural route, apart Edina, MN 55435	ment, or suit	te number)					
	Email	(City, town, state, zip) rachel.meyer@	midco.co	m	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, but only one, 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 identified in line 1 of space B and that the owner is not a corporation or partnership; or								
		er or partner) I am an officer (in line 1 of space B.	if a corpora	ation) or a partner (if a partnership) of the	legal entity identified as owr	ner of the cable system			
	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)]								
			X	/s/ Rachel Meyer					
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jo					
		Typed or printed	d name:	Rachel Meyer					
		Title:		or of Programming 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.

ounting Period: 2024/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
continent Communications	28905
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? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
** 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	

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.