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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

SA1-2E Short Form

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

in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150					
			2/24/2025							
Α	ACC	OUNTING PERIOD COVERED E	BY 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:								
В		Give the full legal name of the owner of the the subsidiary, not that of the parent corpo		ry of another corporation, give the full corpo	rate title of					
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.	mit a single					
		Check here if this is the system's first filing	. If not, enter the system's ID number ass	signed by the Licensing Division.	29666					
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM							
		Midcontinent Communications BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IE DIFFERENT)							
		BUSINESS NAME(S) OF OWNER OF								
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
		PO Box 5040								
		(Number, street, rural route, apartment, or suite n								
		Sioux Falls, SD 57117-5040 (City, town, state, zip))							
С				fy the business and operation of the s system, if different from the address g						
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		South Heart, ND								
		MAILING ADDRESS OF CABLE SYSTEM	: 							
	2	PO Box 5040 (Number, street, rural route, apartment, or suite no	umber)							
		Sioux Falls, SD 57117-504((City, town, state, zip code))							
	1	ונסוגי, וטאוו, אמופ, צוף נטעפן								
Privacy Act Notic	e: Section	n 111 of title 17 of the United States Code aut	horizes the Copyright Offce to collect the p	personally identifying information (PII) requester	d on this					

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyinght 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 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.

Accounting Period:	2024/2							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#						
Name	Midcontinent Communications 29666							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	South Heart	ND						
Community	Belfield Dickinson	ND ND						
Add Rows as Necessary	Dickinson							
·····,								

Name E Secondary Transmission Service: Sub- scribers and Rates	Midcontinent Communic								2966	
Secondary Transmission Service: Sub- scribers and			LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications							
Secondary Transmission Service: Sub- scribers and					TEO					
Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable									
Transmission Service: Sub- scribers and	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Service: Sub- scribers and	about other services (including pa	• • •					hose existing	g on the		
scribers and	last day of the accounting period Number of Subscribers: Both						ole system h	oroken		
Rates										
1	each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular servi							and the		
	Rate: Give the standard rate ch unit in which it is generally billed.	-	-				-			
	category, but do not include disco	•	'		ny standart		, wann a pa			
	Block 1: In the left-hand block	•		0		•				
	systems most commonly provide									
	that applies to your system. Note categories, that person or entity s			-		-				
	subscriber who pays extra for cal				••		•			
	first set" and would be counted or									
	Block 2: If your cable system h									
	printed in block 1 (for example, tion with the number of subscribers an						,.			
	sufficient.		, ngin-ne					100 13		
	BLC	DCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	NO. OF SUBSCRIBERS	RATE		
	Residential:	CODCOTUD	LING	TUTE	0,111		IUIOE	CODCONDENC	10112	
	Service to first set		193	30.00	Busine	ss Accounts	5	38	30.0	
	 Service to additional set(s) 				High De	Def Converter		220	3.0	
	• FM radio (if separate rate)					ing Home		1	83.0	
	Motel, hotel		76	11.00						
	Commercial		31	93.00	•••••					
	Converter		220	3.00						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO		NSMISS	IONS: RATES	5					
F	In General: Space F calls for rate									
ſ	not covered in space E, that is, the service for a single fee. There are									
Services	furnished at cost or (2) services of	•	-		•		• • •			
Other Than	amount of the charge and the uni									
Secondary	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.									
ransmissions: Rates	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	CATEG	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE	
	Continuing Services:		Installa	ation: Non-res	idential					
	• Pay cable	16.00		tel, hotel		499.00	Digital 1		10.0	
	Pay cable—add'l channel			nmercial		499.00	Digital V		4.0	
	Fire protection		-	y cable			Dig Sports & Vareity		11.0	
	•Burglar protection			/ cable-add'l ch	nannel		Starz!&Encore		16.0	
	Installation: Residential	50.00		• Fire protection		Cinemax		16.0		
	First set Additional set(s)	50.00 25.00		glar protection			TMC Digital F	enanol	16.0 5.0	
	 Additional set(s) EM radio (if separate rate) 	25.00		services: connect		150.00	Digital E	-spanoi	5.0	
	 FM radio (if separate rate) Converter 			connect		150.00				
	- Conventer			connect		- 25.00				
				ve to new addr	222	25.00				

Nama	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM						
Name	Midcontinent Commu	nications		29						
	PRIMARY TRANSMITTERS: TELEVISION									
G	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, <i>except</i> (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									
Primary ransmitters:	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.									
Television	Substitute Basis Stations:	With respect to any distant stations car	ried by your cable system on a su	bstitute program						
		les, regulations, or authorizations: e in space G—but do list it in space I (the	e Special Statement and Program	l og)—if the						
	station was carried only on	a substitute basis.		0,						
		also in space I, if the station was carried n concerning substitute basis stations, s								
	Column 1: List each station	n's call sign. <i>Do not</i> report origination pro	ogram services such as HBO, ES	PN, etc. Identify each						
	multicast stream associated "WETA-2" as the same on t	I with a station according to its over-the- be form	air designation. For example, rep	ort multistream						
	Column 2: Give the channe	el number the FCC assigned to the telev	ision station for broadcasting over	r the air in its community						
		RC is channel 4 in Washington, D.C. case whether the station is a network st	tation, an independent station or	a noncommercial						
	educational station, by ente	ring the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for indep	endent), "I-M"						
		"E" (for noncommercial educational), or rms, see page (iv) of the general instruc		ional multicast).						
		n of each station. For U.S. stations, list t		n is licensed by the						
	FCC. For Mexican or Canad	dian stations, if any, give the name of the	e community with which the station	n is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KBMY-DT	17	N	BISMARCK, ND (ABC)						
	KBMY-DT2	17.2	I-M	BISMARCK, ND (TrueCrime)						
	KBMY-DT3	17.3	I-M	BISMARCK,ND(WDAY XTRAHD)						
ows as Necessary	KDSE-DT	9	E	DICKINSON, ND (PBS)						
	KDSE-DT2	9.2	E-M	DICKINSON,ND(PBS WRLD/LIF)						
	KDSE-DT3	9.3	E-M	DICKINSON, ND (PBS MN HD)						
	KDSE-DT4	9.4	E-M	DICKINSON, ND (PBS KIDS)						
	KNDM- DT	24.1	I-M	MINOT, ND (BEK)						
	KQCD-DT	7	N	DICKINSON, ND (NBC)						
	KQCD-DT2	7.2	I-M	DICKINSON, ND (FOX)						
	KQCD-DT3	7.3	I-M	DICKINSON, ND (ME TV)						
	KXMA-DT	19	<u> </u>	DICKINSON, ND (CW)						
	KXMA-DT2	19.2	N-M	DICKINSON, ND (CBS)						
	KXMA-DT3	19.3	I-M	DICKINSON, ND (LAFF)						
	KXMA-DT4	19.4	I-M	DICKINSON, ND (ION-MYSTERY)						
	KNDM-DT2	24.2	I-M	MINOT, ND (BEK 2)						
	KNDM-DT3	24.3	I-M	MINOT, ND (BEK 3)						

Accounting P							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF Midcontinen								SYSTEM ID#
Midcontinien		ication	5					29666
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 r For detailed info paper SA1-2 for Column 1 : Id Column 2: St	it is carried by monitoring, to prmation abour m. lentify the call tate whether t	y the sys be recein t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. nal was electronically processed	the system's hea system's FM anter his point, see pag	adend, and (2) nna, during ce je (v) of the ge	it can b rtain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters: Radio
signal, indicate t Column 4: G	this by placing ive the station	g a check n's locatio	c mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FCC			
	AM or EM	S/D			AM or EM	S/D	LOCATION OF STATION	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2024/2					FO	RM SA1-2E. PAGE 5			
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:				SYSTEM ID#			
Name	Midcontinent Commur	nications					29666			
Substitute Carriage:	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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									
Special Statement and Program Log	• During the accounting per broadcast by a distant sta Note: If your answer is "No	iod, did you tion?	ır cable system	carry, on a substitute ba		YES	× NO			
	log in block 2. 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 under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976. SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM – TO	DELETION			
						_				

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SI	/STEM ID# 29666						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pa all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transition 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.	ransmission service this amount, see	5 ,154.99 ss 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 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 pa accounting period is \$52.00	y for this 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	\$	52.00						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than								
	1. Base amount under statutory formula \$ 263,80	0.00							
	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 less than \$527,600)								
	1. Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula \$ 263,80	0.00							
	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 Free and									
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00							
Due	2. 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 payable to the See page i of the general instructions in the paper SA1-2 form for more inf		ts!						

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 29666						
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 . 2. Enter the total number of activated channels on which the cable on which the cable system carried television broadcast stations . and nonbroadcast services .	17 389						
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)							
Be Contacted for Further Information	Name Rachel Meyer Telephone 952-84	14-2655						
	Address Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435 (City, town, state, zip) (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 identified 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 cable system 							
	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							

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Accounting Period: 2024/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Aidcontinent Communications	29666
 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	
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 2 Multiply line 1 by the interest rate* and enter the sum here - x - x -	
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@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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