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	\$					
2/2 1/2020	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	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:
		Vermillion, MN  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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
Name	Midcontinent Communications	396
	Instructions: List each separate community served by the cable system. A "community" is	
Ь	separate and distinct community or municipal entity (including unincorporated communi	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	
	community." Please use it as the first community on all future filings.	,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identif
Area	city.	
Served		
	CITY OR TOWN	STATE
First	Vermillion	MN
Community	Cannon Falls Township	MN
	Coates	MN
Rows as Necessary	Hampton	MN
	Marshan Township	MN
	Nininger Township	MN
ļ.	Randolph	MN
	Randolph Township	MN
	Ravenna Township	MN
	Rosemount	MN
	Stanton Township	MN
	Vermillion Township	MN
	Wanamingo	MN
	L	

Accounting Period: 2024/2
FORM SA1-2E, PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Midcontinent Communications** 

SYSTEM ID#

Ε

Secondary

Transmission Service: Sub-

scribers and

Rates

# SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

39621

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 F call for the number of subscribers to the cable system broken.

**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.

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	567	30.00	Business Accounts	19	30.00
Service to additional set(s)			High Def Converter	580	3.00
• FM radio (if separate rate)					
Motel, hotel					
Commercial	16	26.65			
Converter	619	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.

	BLOCK 1						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
• Pay cable	16.00	Motel, hotel	499.00	Digital 1	10.00		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	499.00	Digital Variety	4.00		
<ul> <li>Fire protection</li> </ul>		• Pay cable		Dig Sports & Vareity	11.00		
<ul> <li>Burglar protection</li> </ul>		• Pay cable-add'l channel		Starz!&Encore	16.00		
Installation: Residential		Fire protection		Cinemax	16.00		
• First set	50.00	Burglar protection		TMC	16.00		
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:		Digital Espanol	5.00		
• FM radio (if separate rate)		Reconnect	150.00	······			
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# 39621

### **Midcontinent Communications**

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
KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
KARE-DT3	11.3	I-M	MINNEAPOLIS, MN (TrueCrime)
KARE-DT4	11.4	I-M	MINNEAPOLIS, MN (QUEST)
KSTC-DT	30	l	MINNEAPOLIS, MN (IND-45)
KSTC-DT3	30.3	I-M	MINNEAPOLIS, MN (ME TV)
KSTC-DT4	30.4	I-M	MINNEAPOLIS,MN(GET TV)
KMSP-DT	9	l	MINNEAPOLIS, MN (FOX)
KMSP-DT4	9.4	I-M	MINNEAPOLIS, MN (BUZZR)
KSTP-DT	35	N	ST PAUL, MN (ABC)
KSTP-DT7	35.7	I-M	ST PAUL, MN (HEROES)
KTCA-DT	34	E	ST PAUL, MN (PBS)
KTCA-DT3	34.3	E-M	ST PAUL, MN (PBS TPT KIDS HD)
KTCA-DT4	34.4	E-M	ST PAUL , MN (PBS TPT NOW HD)
KTCI-DT3	23.3	E-M	ST PAUL ,MN (PBS TPT LIFE)
KTCI-DT6	23.6	E-M	ST PAUL, MN (PBS TPT MN)
WCCO-DT	32	N	MINNEAPOLIS, MN (CBS)
WCCO-DT2	32.2	I-M	MINNEAPOLIS, MN (StartTV)
WFTC-DT	9.2	l	MINNEAPOLIS, MN (MNT)
WFTC-DT4	9.3	I-M	MINNEAPOLIS, MN (MOVIES)
WFTC-DT7	9.7	I-M	MINNEAPOLIS,MN(FOX WEATHER)
WUCW-DT	22	l	MINNEAPOLIS, MN (CW)
WUCW-DT2	23.2	I-M	MINNEAPOLIS, MN (COMET)
WUCW-DT3	23.3	I-M	MINNEAPOLIS, MN (CHARGE)
WUCW-DT4	23.4	I-M	MINNEAPOLIS, MN (TBD TV)
KMSP-DT5	9.5	I-M	MINNEAPOLIS, MN (THE GRIO)

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

PRIMARY TRANSMITTERS: TELEVISION

FORM SA1-2E. PAGE 3.

SYSTEM ID#

39621

# 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.

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- 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMSP-DT6	9.6	I-M	MINNEAPOLIS, MN (CATCHY COM)
WCCO-DT3	32.3	I-M	MINNEAPOLIS, MN (DABL)
KONC-DT	7	I	ALEXANDRIA, MN (TCT)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Midcontinent Communications**

39621

### 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).

	1			T	1		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<b> </b>					
					<u> </u>		
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od: 2024/2						FOR	M SA1-2E. PAGE 5.
		EM:					SYSTEM ID# 39621
Substitute Carriage: Special Statement and Program Log  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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." Foers 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 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 "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the t							
<u> </u>	SUBSTITUT	3. STATION'S		5. MONTH	AGE OCC	TIMES	7. REASON FOR DELETION
	155 51 110	O, LE GION					
	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 subsiclear. 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 Column 4: Give the broa the case of Mexican or Can Column 5: Give the mor 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 progran effect on October 19, 1976.	Midcontinent Communications  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every non substitute basis during the accounting pe explanation of the programming that mus  1. SPECIAL STATEMENT CONCER  • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcoum 3: Give the call sign of the secolumn 4: Give the broadcast static the case of Mexican or Canadian station Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulating was substituted for programming that y effect on October 19, 1976.	Midcontinent Communications  SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in  1. SPECIAL STATEMENT CONCERNING SUBST  • During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this pag log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork telev period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carri stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former FC explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was broadcast by a distant station and that your cable system substitute period, was conditions of the station broadcasting the substitute progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "I Column 4: Give the broadcast station's location (the community to which the the case of Mexican or Canadian stations, if any, the community with which the Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01: stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for prograte to delete under FCC rules and regulations in effect during the accounting perior was substituted for programming that y	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant static substitute basis during the accounting period, under specific present and former FCC rules, regule explanation of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the program of the general instruction of the program of the general instruction of the gene	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or at explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis during the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televitoradcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "L. "NBA Basketball: "Toers 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 6: State the times when the substitute program was carried by your cable system. List the tit to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. 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 to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the was substituted for programming that your system to delete under FCC rules and regulate effect on Octo	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra 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 sta under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio 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 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is location (the tone month and day when your system 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.

	2024/2					A1-2E. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications				S	YSTEM II		
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this spate all amounts (gross receipts) paid to your cat (as identified in space E) during the account page (vii) of the general instructions located Gross receipts from subscribers for securing the accounting period IMPORTANT: You must complete a statement	ole system by subscribers for the ing period. For a further explanat in the paper SA1-2 form. ondary transmission service(s)	system's stion of how	secondary transm to compute this	ission service amount, see	8,555.38		
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you or Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in Use block 2 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the general instructions located	owe:  n space K is \$137,100 or less n space K is more than \$137,100 n space K is more than \$263,800	) but less tl	han \$527,600				
	BLOCK	(1: GROSS RECEIPTS OF \$1	37,100 OF	RLESS				
	Instructions: As a cable system with gross reconcusting period is \$52.00  Line 1. Royalty fee for accounting period  Line 2. Interest charge. Enter the amount from				nis six-month	0.00		
	Line 3. TOTAL ROYALTY FEE PAYABLE FO	OR ACCOUNTING PERIOD. Add	lines 1 and	2				
		RECEIPTS OF \$263,800 OR LI			-			
	Base amount under statutory formula		\$	263,800.00	-			
	2. Enter amount of gross receipts from space	κ	\$	168,555.38	=			
	3. Subtract line 2 from line 1		\$	95,244.62	=			
	4. Enter the amount of gross receipts from spa	ace K		\$	168,555.38			
	5. Enter the amount from line 3			\$	95,244.62			
	6. Subtract line 5 from line 4			\$	73,310.76			
	7. Multiply line 6 by .005 (enter figure here)				\$	366.55		
	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 R	ECEIPTS OF MORE THAN \$20	63,800 (bu	it less than \$527	7,600)			
	Enter the amount of gross receipts from spa	ace 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 n			-	1,319.00			
	6. Interest charge. Enter the amount from line			-				
	7. TOTAL ROYALTY FEE PAYABLE FOR A							
	FILING FEE	AND TOTAL REMITTANCE D	UE					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period	(from Block 1, 2, or 3, above)		\$	366.55			
Due	2. Filling Fee (See the instructions for more info	ormation on filing fee calculations)		\$	20.00			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING	G PERIOD. Add lines 2 and 3			\$	386.55		
	Important: Your remittance must be See page i of the gen	e in the form of an electronic pa eral instructions in the paper SA		-		hts!		

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.				
Name		WNER OF CABLE SYSTEM: communications				SYSTEM ID# 39621				
M Channels	to its subscriber	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.								
	system carrie	d television broadcast station	s			28				
	on which the	I number of activated channe cable system carried television deast services	n broadcast stati			373				
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou		ON IS NEEDED (Identify an in	dividual to whom					
for Further Information	Name	Rachel Meyer			Telephone	952-844-2655				
omaasii	Address	3600 Minnesota Driv (Number, street, rural route, aparti	e, STE 700 nent, or suite numbe	r)						
		Edina, MN 55435 (City, town, state, zip)								
	Email	rachel.meyer@	midco.com		Fax (optional					
	CERTIFICATION (	This statement of account mu	ıst be certified an	d signed in accordance with C	opyright Office regulations)					
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, but only one, o	of the boxes.)						
	(Owner	r other than corporation or p	artnership) I am	the owner of the cable system a	s identified in line 1 of space E	3; or				
		of owner other than corpora in line 1 of space B and that th		<b>nip)</b> I am the duly authorized agorporation or partnership; or	ent of the owner of the cable s	ystem as identified				
		er or partner) I am an officer (in line 1 of space B.	f a corporation) or	a partner (if a partnership) of th	e legal entity identified as owr	ner of the cable system				
		e, and correct to the best of m		der penalty of law that all statem mation, and belief, and are mad						
			X /s/ R	achel Meyer						
				ic signature on the line above to o sing an "/s/ signature" (e.g., /s/ J						
		Typed or printed	name: Rac	hel Meyer						
		Title:		Programming held in corporation or partnership)						
		Date:			February 15, 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.

counting Period: 2024/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
idcontinent Communications	39621
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  YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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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