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				
2/18/2025	\$				
	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	
		20242 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.	62814
		LECAL NAME OF OWNER/MAILING ADDRESS OF CARLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		City of Barnesville Cable TV  BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 550 (Number, street, rural route, apartment, or suite number)	
		Barnesville, MN 56514	
	INIOTE	(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 used appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 suffciency 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 OARLE OVETEN							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	City of Barnesville Cable TV	62814						
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rules:						
<b>D</b>	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single,							
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known							
	as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the						
Served	identified city.							
201104								
	OLTY OR TOWN	OTATE						
	CITY OR TOWN	STATE						
First	Barnesville	MN						
Community								
Add Davis as Nassassin								
Add Rows as Necessary								

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Barnesville Cable TV

62814

# Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	168	34.95	Preferred Basic	117	#####	
<ul> <li>Service to additional set(s)</li> </ul>	165	4.95				
• FM radio (if separate rate)						
Motel, hotel	1	981.32				
Commercial	1	995.27				
Converter						
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	RA
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel	49.95		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	49.95		
Fire protection		• Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	49.95	Burglar protection			
<ul><li>Additional set(s)</li></ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	19.95		
Converter		Disconnect			
		Outlet relocation	19.95		
		<ul> <li>Move to new address</li> </ul>	19.95		

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Barnesville Cable TV

FORM SA1-2E. PAGE 3.

SYSTEM ID#

62814

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

**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.

2. B'CAST CHANNEL NUMBER

1. OALL SIGN	2. D CAST CHANNEL NOMBER	5. 111 L OI STATION	4. LOCATION OF STATION
KXJB	4	N	FARGO, ND
WDAY	6	N	FARGO, ND
KVRR	10	N	FARGO, ND
KVLY	11	N	FARGO, ND
KFME	13	E	FARGO, ND

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

Accounting Period: 2024/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

City of Barnesville Cable TV

62814

#### 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.

H

**Special Instructions Concerning All-Band FM Carriage:** Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

**Column 1:** Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						· <b>-</b>	

Accounting Perio	g Period: 2024/2 FORM SA1-2E. PAGE 5								
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	City of Barnesville Cal	ole TV						62814	
					_				
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT	CONCER	RNING SUBS	TITUTE CARRIAGE					
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ır cable syster	n carry, on a substitute ba	sis, any nonr	network tel <u>ev</u>	<u>visi</u> on progr	am	
Program Log	broadcast by a distant sta	tion?					YES	× NO	
	Note: If your answer is "No	" loove the	root of this no	an blank If your answer i	e "Vee " veu r	must comple			
	<b>Note:</b> If your answer is "No	, leave the	rescortins pa	ige blank. If your answer is	s res, your	nust comple	te the prog	Taili	
	log in block 2.		110						
	2. LOG OF SUBSTITUTE In General: List each subs			ata lina. Usa abbraviation	a whorever n	ossible if the	oir maaning	v io	
	clear. If you need more spa				s wherever p	ossible, il tile	en meaning	) IS	
				vision program ("substitute	e program") t	hat, during th	ne accounti	ing	
	period, was broadcast by a								
	under certain FCC rules, re	•							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	.ove Lucy"	or	
	"NBA Basketball: 76ers vs.		deast live, ent	er "Yes." Otherwise enter	"No."				
				asting the substitute prog					
		•		the community to which th		censed by th	e FCC or,	in	
	the case of Mexican or Car			•		,			
		-	when your sy	stem carried the substitute	e program. U	se numerals	, with the m	nonth	
	first. Example: for May 7 giv		o oubotituto pr	ogram was carried by you	r ooblo ovoto	m Liat tha ti		atoly.	
	to the nearest five minutes.		•	0 , ,	•			atery	
	stated as "6:00–6:30 p.m."	Example.	a program can	iled by a system from 6.6	1. 10 p.iii. to c	7.20.00 p.iii.	oriodia be		
	Column 7: Enter the lett			n was substituted for prog	•	•			
	to delete under FCC rules a							ogram	
	was substituted for program	-	your system w	as permitted to delete und	der FCC rules	s and regulat	ions in		
	effect on October 19, 1976	•							
					WHE	N SUBSTIT	UTF		
	S	JBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	DELETION	
	1. THEE OF TROOPON	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO		
						_	_		
							-		
							_		
						_	-		
							-		
							_		
						_	_		
							- 		
						_	_		
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							-		
						_	_		
						_	_		
							_		
							-		
						_	-		
						_	-		

Accounting Period:	2024/2			FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of Barnesville Cable TV			S	STEM ID# 62814
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and to all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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	tem's sec of how to	ondary transmi compute this a	ssion service mount, see	3,726.00 ss receipts)
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	t less thar	•	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	e that you	must pay for thi	s 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	s 1 and 2 .		. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mor	e than \$137,1	00)	
	1. Base amount under statutory formula	5	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 an	nd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527,	600)	
	Enter the amount of gross receipts from space K				
	2. 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	<u>.</u>		
	FILING FEE AND TOTAL REMITTANCE DUE				
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 paymen See page i of the general instructions in the paper SA1-2 to				ts!

Accounting Period:	2024/2	FORM	SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: sville Cable TV	SYSTEM ID# 62814
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carried	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period.  all number of channels on which the cable discontinuous delevision broadcast stations	
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Roxi Hacker Telephone 320-212-3427	
	Address	130 Birch Avenue West (Number, street, rural route, apartment, or suite number)	
		Hector, MN 55342 (City, town, state, zip)	
	Email	roxih@interstatetelcom.com Fax (optional)	
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owne	ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified	
	(Offic	icer 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	
	I have examined	ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  tion 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: <b>Guy Swenson</b>	
		Title: TEC Manager  (Title of official position held in corporation or partnership)	
		Date: February 18, 2025	

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counting Period: 2024/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ty of Barnesville Cable TV	62814
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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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 (interest charge)  * 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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