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

TOR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT \$ 01/26/2018 ALLOCATION NUMBER								
\$	FOR COPYRIGHT OFFICE USE ONLY							
01/26/2018	DATE RECEIVED AMOUNT							
	01/26/2018							

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

_	1						
Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		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 cable system. If the owner is a subsidiary of another corporation, give the full corporate title					
Ь		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					
		Lake County					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		d/b/a Lake Connections					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		409 17th Avenue					
		(Number, street, rural route, apartment, or suite number)					
		Two Harbors, MN 55616 (City, town, state, zip)					
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
	ı						
		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 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 MANE OF OWNER OF GARLE OVOTEM.	FORM SA1-2E. PAGE SYSTEM II							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lake County	6353							
	Instructions: List each separate community served by the cable system. A "community"								
_	"a separate and distinct community or municipal entity (including unincorporated comm								
ט	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system								
	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	ne parks should be reported in parentheses below the							
Area	identified city.								
Served									
	CITY OR TOWN	STATE							
First	Duluth Township	MN							
Community	Stony River Township	MN							
	City of Aurora	MN							
Rows as Necessary	Township of Embarrass	MN							
,	Township of Wassa	MN							
	City of Hoyt Lakes	MN							
	Unorganized Territory #55-15	MN							
	Unorganized Territory #33-13	MN							
	City of Beaver Bay	MN							
	City of Babbitt	MN							
	Township of Colvin	MN							
	Township of Kugler	MN							
	Township of White	MN							
	Unorganized Territory 56-16	MN							

E

Lake County

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.

BL	BLOCK	(2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	784	29.99	Basic	175	29.99
Service to additional set(s)			Expanded Basic	377	64.99
FM radio (if separate rate)			Enhanced	275	74.99
Motel, hotel					
Commercial	43	29.99			
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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel		l.	High Definition	9.99
 Pay cable—add'l channel 		Commercial			DVR	9.99
 Fire protection 		• Pay cable			Wireless Add'l set	49.99
Burglar protection		 Pay cable-add'l channel 			HBO	19.99
Installation: Residential		Fire protection			Starz/Encore	14.99
• First set		 Burglar protection 			Cinemax	14.99
 Additional set(s) 		Other services:			Showtime	14.99
• FM radio (if separate rate)		Reconnect				
Converter		Disconnect				
		 Outlet relocation 	50.00			
		 Move to new address 				
				ľ		

Accounting Period: 2017/2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63539 Lake County

FORM SA1-2E, PAGE 3.

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KDLH** 2 N-M **DULUTH, MN KDLH** 3 Ν **DULUTH, MN** Ν **KBJR** 6 **DULUTH, MN WDSE** 8 Ε **DULUTH, MN KBJR** 9 N-M **DULUTH, MN WDIO** 10 Ν **DULUTH, MN** KQDS 21 Ν **DULUTH, MN WDIO** 25 N-M DULUTH, MN **WDSE** 26 **DULUTH, MN** N-M **WDSE** 27 N-M **DULUTH, MN WDSE** 29 N-M **DULUTH, MN KQDS DULUTH, MN** 20 N-M

Add Rows as Necessary

Accounting Period: 2017/2	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Lake County 63539

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
	 					 	
							
							
							
							

ccounting Perio	nd: 2017/2						FOR	M SA1-2E. PAGE 5.	
		CABLE SYS	STEM:				1010		
Name	Lake County							63539	
Substitute Carriage: Special Statement and Program Log	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	er "R" if the and regulat nming that	e listed prograr ions in effect d	n was substituted for progr luring the accounting perio	ramming that od; enter the l	t your sys letter "P" i	tem was <i>requ</i> f the listed pr		
						N SUBST			
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	1	5. MONTH		CURRED TIMES	7. REASON FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
								"	
								"	
								_	

accounting Period:	2017/2				A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lake County			S	SYSTEM II 6353
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form y all amounts (gross receipts) paid to your cable system by subscribers (as identified in space E) during the accounting period. For a further epage (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission serv during the accounting period. IMPORTANT: You must complete a statement in space P concerning	s for the system's explanation of ho rice(s)	s secondary transow to compute th	smission service is amount, see	0,219.91
		g gross receipts.		(Amount of gr	ross 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 Use block 2 if the amount of gross receipts in space K is more than \$ Use block 3 if the amount of gross receipts in space K is more than \$ See page (vi) of the general instructions located in the paper SA1-2 form f	137,100 but less 263,800 but less	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, accounting period is \$52.00	the royalty fee th	at you must pay f	for this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIO	D Add lines 1 ar	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800	OR LESS (but	t more than \$13	7,100)	
	Base amount under statutory formula	\$	263,800.0	00_	
	2. Enter amount of gross receipts from space K	\$	150,219.9	<u>)1</u>	
	3. Subtract line 2 from line 1	\$	113,580.0	9	
	4. Enter the amount of gross receipts from space K		\$	150,219.91	
	5. Enter the amount from line 3		\$	113,580.09	
	6. Subtract line 5 from line 4		\$	36,639.82	
	7. Multiply line 6 by .005 (enter figure here)			\$	183.20
	8. Interest charge. Enter the amount from line 4, space Q, page 8 \dots				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. A	dd lines 7 and 8 .		\$	183.20
	BLOCK 3: GROSS RECEIPTS OF MORE TH	AN \$263,800 (b	out less than \$5	27,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			10	
	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 for			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			<u>.</u>	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. A				
	FILMO FEE AND TOTAL DENUTA	NOE DUE		-	
	FILING FEE AND TOTAL REMITTA	NCE DUE			
	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, about 1).	ove)	\$	183.20	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	ulations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 a	and 3		\$	203.20
	Important: Your remittance must be in the form of an electr		•		jhts!
Filing Fee and Total Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations) TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 2 and 3 a	ulations)	\$	20.00 \$	3

Accounting Period:	2017/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Lake County	CABLE SYSTEM:			SYSTEM ID# 63539
M Channels		` ,		s on which the cable system carried television broadcast stations er of activated channels during the accounting period.	
	Enter the total number o system carried television			• ·····	12
	Enter the total number of on which the cable system and nonbroadcast service.	m carried television bro		stations	218
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Cyndi	Perkins		Telephone	218-454-1125
	(Number, s	'th Avenue street, rural route, apartmer		e number)	
		arbors, MN 5562 , state, zip)	16		
	Email	cyndi.perkins@co	nnectc	tc.com Fax (optional)	
O Certification	• I, the undersigned, hereby	certify that (Check one	e,but onl	iffied and signed in accordance with Copyright Office regulations) by one, of the boxes.) c) I am the owner of the cable system as identified in line 1 of space	
	(Agent of owner	other than corporation	on or pa	artnership) I am the duly authorized agent of the owner of the cable it a corporation or partnership; or	
	(Officer or partr in line 1 of sp		a corpora	ation) or a partner (if a partnership) of the legal entity identified as or	wner of the cable system
		ect to the best of my kr		clare under penalty of law that all statements of fact contained here le, information, and belief, and are made in good faith.	in
			X	/s/ Matthew Huddleston	-
				nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed na	ame:	Matthew Huddleston	
				y Administrator In held in corporation or partnership)	
		Date:		1/16/18	

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counting Period: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ke County	63539
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 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	-
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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