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				
02/28/2018	\$ 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	ACCC	OUNTING 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
		NEMONT COMMUNICATIONS, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		NEMONT COMMUNICATIONS, INC. dba NEMONT
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 600 (Number, street, rural route, apartment, or suite number)
		SCOBEY, MT 59263 (City, town, state, zip)
С		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
	'	SCOBEY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO BOX 600 (Number, street, rural route, apartment, or suite number)
		SCOBEY, MT 59263 (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 sufficiency of the fling, a determination that would be made by a court of law.

	The state of the s	CVCTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEMONT COMMUNICATIONS, INC.	SYSTEM II
	Instructions: List each separate community served by the cable system. A "community" is th	
D	"a separate and distinct community or municipal entity (including unincorporated community	
ט	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se	
	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 pa	arks should be reported in parentheses below the
Aica	identified city.	The should be reported in parenti-1111 11111.
Served	laterithea city.	
[	CITY OR TOWN	STATE
First	SCOBEY	MT
Community	WILLISTON	ND 
I	BAINVILLE	MT
Rows as Necessary	CULBERTSON	MT
I	DAGMAR	MT
I	FLAXVILLE	MT
l	FROID	MT
I		
l	GLASGOW	MT
I	GLENTANA	MT
I	LARSLAN	MT
I	NASHUA	MT
I	OPHEIM	MT
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Í	OUTLOOK	MT MT
Í	PEERLESS	MT
Í	PLENTYWOOD	MT
Í	RESERVE	MT
Í	FORT PECK	MT
I	FRAZER	MT
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I	HINSDALE	MT
Í	MEDICINE LAKE	MT
Í	REDSTONE	MT
Í	RICHLAND	MT
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Accounting Period: 2017/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: **NEMONT COMMUNICATIONS, INC.** 

SYSTEM ID# 63540

# Е

### 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	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>	2,002	19.00	Preferred	1,918	50.00
<ul> <li>Service to additional set(s)</li> </ul>			Ultimate	238	10.00
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel	1	1,050.00	Hospitality	17	57.24
Commercial	66	57.61	Multiple Dwelling Unit	4	339.00
Converter					
<ul> <li>Residential</li> </ul>					
<ul> <li>Non-residential</li> </ul>					
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# 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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel	99.00	Whole Home DVR	5.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	99.00	Additional Streams	4.00
<ul> <li>Fire protection</li> </ul>		• Pay cable		Protection Plan	5.00
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Starz/Encore	16.00
Installation: Residential		Fire protection		НВО	19.00
<ul> <li>First set</li> </ul>	99.00	Burglar protection		Cinemax	16.00
<ul> <li>Additional set(s)</li> </ul>	99.00	Other services:		Showtime/TMC	16.00
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	25.00		
Converter		Disconnect	-		
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63540

## NEMONT COMMUNICATIONS, INC.

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
KRTV-DT	7	N	GREAT FALLS, MT
KFBB-DT	8	N	GREAT FALLS, MT
KUSM-DT	9	E	BOZEMAN, MT
KBGF-LP-DT	50	E	GREAT FALLS, MT
KFBB2-DT	8	N-M	GREAT FALLS, MT
KXMD-DT	8	N	WILLISTON, ND
KUMV-DT	8	N	WILLISTON, ND
KBMY-DT	17	N	MINOT, ND
KXND-LP-DT	24	N	MINOT, ND
KWSE-DT		E	WILLISTON, ND
KNDM-DT	26	N-M	MINOT, ND
KXMD-CW	11.2	N-M	WILLISTON, ND
KWSE-LL	11	E-M	WILLISTON, ND
KWSE-WORLD	11	E-M	WILLISTON, ND
KWSE-MN	11	E-M	WILLISTON, ND
KRTV-CW	7	N-M	GREAT FALLS, MT
		111111111111111111111111111111111111111	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **NEMONT COMMUNICATIONS, INC.**

63540

## 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).

			Ţ	1	T	1	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
I/A							
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017/2 BAL NAME OF OWNER OF ( MONT COMMUNICA		EM:				FUF	SYSTEM ID#
		LIVI.					
	TIONS, II	NC.					63540
General: In space I, identificative basis during the acidanation of the programming SPECIAL STATEMENT aring the accounting period address by a distant stationary of the state	y every nor counting peng that mus CONCER od, did your on? leave the tute programe, please a of every nor	nnetwork televis priod, under spe t be included in NING SUBST r cable system rest of this pag  MS m on a separa add additional r nnetwork televi	sion program, broadcast be edific present and former Forthis log, see page (v) of the edification of the edi	y a distant stat CC rules, regul ne general instr sis, any nonne "Yes," you mu s wherever pos	ations, or au uctions in the twork televisust complete sible, if their the int, during the	sion program YES e the program r meaning is e accounting	em carried on a For a further -2 form.  NO m
not use general categories A Basketball: 76ers vs. Ecolumn 2: If the program Column 3: Give the call scolumn 4: Give the broad case of Mexican or Canacolumn 5: Give the montal Example: for May 7 give Column 6: State the time ne nearest five minutes. If ed as "6:00–6:30 p.m."  Column 7: Enter the letter letter under FCC rules as substituted for programment on October 19, 1976.	es like "moved bulls."  was broadign of the second station and day we "5/7."  s when the Example: a  r "R" if the and regulation in that ye	m titles, for ex- No." am. e station is lice e station is lice r cable system. :15 p.m. to 6:2 ramming that y d; enter the let er FCC rules a	nsed by the ntified). In the time as:30 p.m. since our system ter "P" if the ind regulation.	PFCC or, in with the mo nes accurate hould be was require a listed programs in	nth ely ed eam		
. TITLE OF PROGRAM	JBSTITUT  2. LIVE?  Yes or No	3. STATION'S CALL SIGN		5. MONTH	6. 1	TIMES	7. REASON FOR DELETION
Soli Su a il Lean identification of the second	ieneral: In space I, identificatitute basis during the accounting period adcast by a distant station of the programming the accounting period adcast by a distant station of the programming the accounting period adcast by a distant station of the programming the state of the programming the period of the programming t	seneral: In space I, identify every nor stitute basis during the accounting per anation of the programming that must anation of the programming that must special states and the special states are special states. The special states are special special states are special special states are special special states are special s	seneral: In space I, identify every nonnetwork televis stitute basis during the accounting period, under speanation of the programming that must be included in special program on the special program on a separation of the special program on the special program on the special program on the special program was broadcast live, enterpolation of the special program on the special program of the station broadcast solumn 1: Give the call sign of the station broadcast solumn 3: Give the call sign of the station broadcast solumn 3: Give the call sign of the station broadcast solumn 5: Give the month and day when your system the special program of the station broadcast solumn 5: Give the month and day when your system on the special program carried as "6:00–6:30 p.m."  Folumn 7: Enter the letter "R" if the listed program carried as "6:00–6:30 p.m."  Folumn 7: Enter the letter "R" if the listed program carried as "6:00–6:30 p.m."  Folumn 7: Enter the letter "R" if the listed program carried as "6:00–6:30 p.m."  Folumn 7: Enter the letter "R" if the listed program carried as "6:00–6:30 p.m."  Folumn 6: State the times and regulations in effect dues to not observed as "6:00–6:30 p.m."  Folumn 7: Enter the letter "R" if the listed program carried as "6:00–6:30 p.m."  Folumn 6: State the state of the substituted for programming that your system was connected as "6:00–6:30 p.m."  Folumn 7: Enter the letter "R" if the listed program carried as "6:00–6:30 p.m."	interental: In space I, identify every nonnetwork television program, broadcast be stitute basis during the accounting period, under specific present and former Fanation of the programming that must be included in this log, see page (v) of the PECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE uring the accounting period, did your cable system carry, on a substitute base adcast by a distant station?  The important of the programming that must be included in this log, see page (v) of the program of t	anation of the programming that must be included in this log, see page (v) of the general instribetion of the programming that must be included in this log, see page (v) of the general instribetion of the programming that must be included in this log, see page (v) of the general instribetion of the programming that must be included in this log, see page (v) of the general instribetion of the program of the program of the accounting period, did your cable system carry, on a substitute basis, any nonne adcast by a distant station?  Bereal: List with the program of this page blank. If your answer is "Yes," you must block 2.  LOG OF SUBSTITUTE PROGRAMS  Beneral: List each substitute program on a separate line. Use abbreviations wherever position of the title of every nonnetwork television program ("substitute program") that od, was broadcast by a distant station and that your cable system substituted for the program certain FCC rules, regulations, or authorizations. See page (v) of the general instruction of use general categories like "movies" or "basketball." List specific program titles, for exact A Basketball: 76ers vs. Bulls."  Bolumn 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Bolumn 3: Give the call sign of the station broadcasting the substitute program.  Bolumn 4: Give the broadcast station's location (the community to which the station is lice case of Mexican or Canadian stations, if any, the community with which the station is idericulumn 5: Give the month and day when your system carried the substitute program. Use. Example: for May 7 give "5/7."  Bolumn 6: State the times when the substitute program was carried by your cable system. The energetic five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:2 ed as "6:00—6:30 p.m."  Bolumn 7: Enter the letter "R" if the listed program was substituted for programming that yellow of the programming that your system was permitted to delete under FCC rules act on October 19, 1976.  SUBSTITUTE PROGRAM  CALL SIGN	Reneral: In space I, identify every nonnetwork television program. broadcast by a distant station, that you stitute basis during the accounting period, under specific present and former FCC rules, regulations, or account of the programming that must be included in this log, see page (v) of the general instructions in the IPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE in the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televited adcast by a distant station?  Eve: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete in block 2.  LOG OF SUBSTITUTE PROGRAMS  Reneral: List each substitute program on a separate line. Use abbreviations wherever possible, if their in It fyou need more space, please add additional rows to the tables.  Folumn 1: Give the title of every nonnetwork television program "substitute program") that, during the od, was broadcast by a distant station and that your cable system substituted for the programming of er certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furthenous use general categories like "movies" or "basketball." List specific program titles, for example, "Located A Basketball: 76ers vs. Bulls."  Folumn 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Folumn 3: Give the call sign of the station broadcasting the substitute program.  Folumn 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Folumn 5: Give the month and day when your system carried the substitute program. Use numerals, Example: for May 7 give "5/7."  Folumn 6: State the times when the substitute program was carried by your cable system. List the time nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. sed as "6:00–6:30 p.m."  Folumn 7: Enter the letter "R" if the listed prog	Reneral: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable systestitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations anation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 in

Accounting Period:	2017/2			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEMONT COMMUNICATIONS, INC.			,	SYSTEM ID: 63540
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's s tion of how	econdary trans to compute this	mission servis amount, see	ce
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	this six-month	ı		
	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 PERIOD Add li	nes 1 and 2		· · <u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	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 \$26:	3,800 (but	less than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	519,054.00		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	255,254.00		
	4. Multiply line 3 by .01		\$	2,552.54	
	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 .		\$	3,871.54
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,871.54	
Due	Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,891.54
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		_		ghts!

Accounting Period:	2017/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER O					SYSTEM ID# 63540
M Channels	to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable systems	the cable system's total of channels on which the broadcast stations of activated channels are carried television broadcast.	the cable		od.	25 375
N Individual to Be Contacted	we can contact about this	statement of account.)		RMATION IS NEEDED (Identify an individual to who		
for Further Information	Name KRIS	TIN BEKKER			Telephone 4	106-783-2200
	(Number,	OX 600 street, rural route, apartmen BEY, MT 59263 m, state, zip)	ent, or sui	te number)		
	Email	kristin.bekker@ne	emont.	coop Fax (option	al) 406-783-5283	
O Certification	Owner other the (Agent of owner in line 1 of second in line 1 of	r certify that (Check one, nan corporation or partice or other than corporation pace B and that the own ther) I am an officer (if a pace B.  ment of account and herect to the best of my known and the count and th	e, but only tnership on or pa ner is no	tified and signed in accordance with Copyright Office by one, of the boxes.)  b) I am the owner of the cable system as identified in line by the composition of the duly authorized agent of the owner of a corporation or partnership; or sation) or a partner (if a partnership) of the legal entity ideals are under penalty of law that all statements of fact coes, information, and belief, and are made in good faith.	ne 1 of space B; or of the cable system that the cable system is a second of the cable as owner that the cable as owner than t	tem as identified
		Typed or printed no	Enter sign name: <b>CHIEF</b>	/s/ Remi Sun electronic signature on the line above to certify this state nature using an "/s/ signature" (e.g., /s/ John Smith)  REMI SUN FINANCIAL OFFICER on held in corporation or partnership)	ement.	

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 the 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 telephon 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 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: 2017/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EMONT COMMUNICATIONS, INC.	63540
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address	
	"
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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