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

	FEIGE LIGE ONLY					
FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
07/26/2018	\$ 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	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 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:
	<u> </u>	Vermillion, MN
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 5040 [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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2018/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Midcontinent Communications	39621							
	Instructions: List each separate community served by the cable system. A "comm								
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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	d communities within unincorporated areas and including single, bu list will serve as a form of system identification hereafter known.							
Area Served	identified city.								
	CITY OR TOWN	STATE							
First	Vermillion	MN							
Community	Cannon Falls Township	MN							
	Coates	MN							
Add Rows as Necessary	Hampton	MN							
	Hampton Township	MN							
	Marshan Township	MN							
	Nininger Township	MN							
	Randolph	MN							
	Randolph Township	MN							
	Ravenna Township	MN							
	Stanton Township	MN							
	Vermillion Township	MN							
	Rosemount	MN							

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 39621

## Midcontinent Communications

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.

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>	746	19.95	<b>Business Accounts</b>	14	69.95		
<ul> <li>Service to additional set(s)</li> </ul>			High Def Converter	295	8.00		
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	9	69.95					
Converter	985	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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	16.00	Motel, hotel	50.00	Digital 1	12.0
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	50.00	Digital Variety	3.
<ul> <li>Fire protection</li> </ul>		• Pay cable		Dig Sports & Vareity	9.
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		Starz!&Encore	16.
Installation: Residential		Fire protection		Cinemax	16.
First set	35.00	Burglar protection		TMC	16.
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:		Digital Espanol	4.
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	75.00		
<ul> <li>Converter</li> </ul>		Disconnect	-		
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4. LOCATION OF STATION

MINNEAPOLIS, MN (NBC)

MINNEAPOLIS, MN (CBS)

**MINNEAPOLIS, MN (MNT)** 

MINNEAPOLIS, MN (CW)

**MINNEAPOLIS, MN (MOVIES)** 

**MINNEAPOLIS, MN (COMET)** 

**MINNEAPOLIS, MN (CHARGE)** 

MINNEAPOLIS, MN (TBD TV)

**MINNEAPOLIS, MN (QUEST)** 

**MINNEAPOLIS, MN (DECADES)** 

# Midcontinent Communications PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

KARE-DT

WCCO-DT

WCCO-DT2

WFTC-DT

WFTC-DT4 WUCW-DT

WUCW-DT2

WUCW-DT3

WUCW-DT4

KARE-DT4

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.

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 pager 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

11

32

32.2

29

29.4

22

23.2

23.3

23.4

11.4

KARE-DT2 11.2 N-M MINNEAPOLIS, MN(WEATHER) KARE-DT3 11.3 I-M MINNEAPOLIS, MN (TJN) 45 ı **MINNEAPOLIS, MN (IND-45)** KSTC-DT 45.3 I-M KSTC-DT3 MINNEAPOLIS, MN (ME TV) KSTC-DT4 45.4 I-M MINNEAPOLIS, MN(ANTENNA) I-M KSTC-DT6 45.6 MINNEAPOLIS, MN(THIS TV) KMSP-DT 9 ı MINNEAPOLIS, MN (FOX) KMSP-DT4 9.4 I-M MINNEAPOLIS, MN (BUZZR) Ν KSTP-DT 35 ST PAUL, MN (ABC) KSTP-DT7 35.7 I-M ST PAUL, MN (HEROES) KTCA-DT 34 Ε ST PAUL, MN (PBS) E-M ST PAUL, MN (PBS TPT KIDS HD) KTCA-DT3 34.3 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) ST PAUL, MN (PBS TPT MN) 23.6 E-M KTCI-DT6

3. TYPE OF STATION

Ν

Ν

I-M

ı

I-M

I-M

I-M

I-M

I-M

Add Rows as Necessary

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	od: 2018/1						FOF	RM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#	
Name	Midcontinent Commun	ications						39621	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy <i>every nor</i> ccounting pe	nnetwork televis eriod, under spe	nion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or a	uthorizations	. For a further	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE					
Special	During the accounting peri				sis any nonne	etwork telev	ision program	n	
Statement and	broadcast by a distant stat	-			o.o, a,o			X NO	
Program Log	broadcast by a distant star	liOi i :					YES	L_NO	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust comple	te the progra	m	
	log in block 2.								
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976.				II WH	EN SUBST	TITLITE		
	S	UBSTITUT	E PROGRAM	1		LIAGE OC		7. REASON FOR	
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES TO	DELETION	
		103 01 140	O/ LEE OIGH	4. 01/(1101(0 200/(1101)	/ /// B///	TITOW	_		
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system 396  ay. Enter the total of transmission service this amount, see  \$ 168,185.69  (Amount of gross receipts)									
transmission service te this amount, see									
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y for this six-month									
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<u>0.00</u>									
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137,100)									
.00									
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168,185.69									
95,614.31									
72,571.38									
\$ 362.86									
<u>0.00</u>									
\$ 362.86									
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)									
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<u></u>									
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0.00									
····									
362.86									
20.00									
\$ 382.86									
Register of Copyrights!									
rmation.									

2. Enter the total number of activated channels  on which the cobles system carried tolevicing breadcast stations.	SYSTEM ID# 39621
Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	4
we can contact about this statement of account.)	67
Be Contacted	
for Further Information Name Wynne Haakenstad Telephone 952-844-2622	
Address  3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number)  Edina, MN 55435 (City, town, state, zip)	
Email wynne.haakenstad@midco.com Fax (optional)	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/ Wynne Haakenstad  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:  Wynne Haakenstad  Title:  Director of Programming  (Title of official position held in corporation or partnership)	

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ounting Period: 2018/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
dcontinent 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."	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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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  Accounting period	

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