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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	09/05/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	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		
		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 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
		ProVision LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 1728 (Number, street, rural route, apartment, or suite number)
		Minot, ND 58702-1728
		(City, town, state, zip)
С		CUCTIONS: 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	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 sufficiency of the fling, a determination that would be made by a court of law.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ProVision LLC	61979
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Johnston	IA
Community	(Mansions)	
Add Rows as Necessary		

								FORM SA1	-2E. PAG
Name		ABLE SYSTEM:						515	6197
	ProVision LLC								015
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting periodo Number of Subscribers: Both down by categories of secondary each category by counting the n	pace E should on of television ay cable) in sp (June 30 or Do blocks in space (transmission	cover a and rac ace F, r ecembe ce E cal service.	Il categories of lio broadcasts not here. All the er 31, as the ca I for the numbe In general, yo	secondary by your system facts you se may be r of subsc u can com	stem to subscrit state must be t). ribers to the cat pute the numbe	bers. Give hose existi ble system r of subscr	information ing on the , broken ribers in	
Rates	separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	ice at the rate i harged for each (Example: "\$2 ounts allowed f in space E, the to their subscr : Where an inc	ndicate h catego 20/mth") for adva e form li ribers. C dividual	d—not the num ory of service. . Summarize a ance payment. sts the categor Give the numbe or organizatior	ber of sets nclude bo ny standar ies of seco r of subsc is receivin	s receiving servi th the amount o or rate variations ondary transmis ribers and rate f ng service that f	ice). f the charg s within a p sion servic for each lis alls under	ge and the particular rate that cable ted category different	
	subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to a ince again unde has rate catego iers of services ind rates, in the	additiona er "Serv pries for that inc	al sets would b vice to additiona secondary trai clude one or mo	e included al set(s)." nsmission pre second	in the count un service that are dary transmissio	der "Servic different fr ns), list the on of the s	ce to the rom those em, together service is	
	BLO	OCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEE	RVICE	SUBSCRIBERS	RA
	Residential: • Service to first set		19	18.95					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel Commercial								
	Converter								
	Residential Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are ns: you ished to usually he cable stem fur e was n le the ra	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offer- nade or establi	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p	ndary tran cerning (1) d include t able per-pr ces listed. ceriod that	smission services ooth the ogram basis, were not e form of a	
								BLOCK 2	
		BLO				RATE	CATEC		D۸
	CATEGORY OF SERVICE Continuing Services:		CATEC	GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEC Installa			RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel		CATEC Installa • Mo • Cor	ation: Non-res tel, hotel mmercial		RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEC Installa • Mo • Cor • Pay	ation: Non-res tel, hotel mmercial y cable	idential	RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection		CATEC Installa • Mo • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	idential	RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEC Installa • Mo • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable	idential	RATE		ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	RATE	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection	idential	RATE		ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	CATEC Installa • Mo' • Cor • Pay • Pay • Fire • Bur Other	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection rglar protection	idential	RATE		ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur Other • Rea • Dis	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:	idential			ORY OF SERVICE	RA

IEGA NAME OF DWHEN OF CAULE SYSTEM: SYS Provision LLC Provisio	VISION every television station (including translator stations and low power television stations) ing the accounting period, except (1) stations carried only on a part-time basis under et on June 24, 1981, permitting the carriege of certain network programs (sections and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a lained in the next paragraph. respect to any distant stations, see raje of vortain network programs (sections acce G—but do list it in space I (the Special Statement and Program Log)—if the stitute basis. nace G—but do list it in space I (the Special Statement and Program Log)—if the stitute basis. nace G—but do list visions, see page (v) of the general instructions. Il sign. Do not report origination program services such as HBO, ESPN, etc. Identify each a station according to its over-the-air designation. For example, report multistream m. net FCC assigned to the television station for broadcasting over the air in its community channel 4 in Washington, D.C. whether the station is a network station, an independent station, or a noncommercial he letter "N" (for network). "N-M" (for network multicast). "I (for independent)."I-M" for noncommercial educational), or "E-M" (for noncommercial educational multicast). see page (iv) of the general instructions in the paper SA1-2 form. ach station rol U.S. stations, list the community to which the station is identified. BYCAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION 4. 3.0 17 I Des Moines, IA 3.0 I Newton, IA	lame P
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 perity the carriage of certain network programs (sections 76.58(d)(2) and (4), 76.61(e)(2) and (4), 77.6.3 (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 Dasis, Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph. Substitute Dasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explaindins, or a urborizations: • Do not 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 statem associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. 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, N-M' (for network, N-M' (for network), 'N-M' (for independent), 'H'' (for independent), 'H''' (for independent station, si leensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. It calls ISGN <t< th=""><th>VISION every television station (including translator stations and low power television stations) ing the accounting period, except (1) stations carried only on a part-time basis under ct on June 24, 1981, permitting the carriage of certain network programs [sections and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a lained in the next paragraph. respect to any distant stations carried by your cable system on a substitute program egulations, or authorizations: pace G—but do list it in space I (the Special Statement and Program Log)—if the stitute basis. n space I, if the station was carried both on a substitute basis and also on some other corming substitute basis stations, see page (V) of the general instructions. It sign. Do not report origination program services such as HBO, ESPN, etc. Identify each a station according to its over-the-air designation. For example, report multistream m. mber the FCC assigned to the television station for broadcasting over the air in its community channel 4 in Washington, D.C. whether the station is a network station, an independent station, or a noncommercial he letter "N" (for network multicast). "I" (for independent), "I-M" for noncommercial educational), or "E-M" (for noncommercial educational multicast). see page (iv) of the general instructions in the paper SA1-2 form. act Station. For U.S. stations, list the community to which the station is identified. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION 5 N Ames, IA 39 1 Newton, IA 39 1</th><th></th></t<>	VISION every television station (including translator stations and low power television stations) ing the accounting period, except (1) stations carried only on a part-time basis under ct on June 24, 1981, permitting the carriage of certain network programs [sections and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a lained in the next paragraph. respect to any distant stations carried by your cable system on a substitute program egulations, or authorizations: pace G—but do list it in space I (the Special Statement and Program Log)—if the stitute basis. n space I, if the station was carried both on a substitute basis and also on some other corming substitute basis stations, see page (V) of the general instructions. It sign. Do not report origination program services such as HBO, ESPN, etc. Identify each a station according to its over-the-air designation. For example, report multistream m. mber the FCC assigned to the television station for broadcasting over the air in its community channel 4 in Washington, D.C. whether the station is a network station, an independent station, or a noncommercial he letter "N" (for network multicast). "I" (for independent), "I-M" for noncommercial educational), or "E-M" (for noncommercial educational multicast). see page (iv) of the general instructions in the paper SA1-2 form. act Station. For U.S. stations, list the community to which the station is identified. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION 5 N Ames, IA 39 1 Newton, IA 39 1	
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), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute programs [sections 76.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute programs [sections 76.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute programs [sections are provided by the respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do rule list the station here in space [-, fit 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. <i>D ont</i> period roignation program services such as HBO, ESPN, etc. Identify each multicast station year and one 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 hatcher, FCU US. stations, if the community to which the station is alterned station, or a noncommercial educational station, by entering the letter 'N' (for retwork), 'N-M' (for network), 'I-M' (for independent station, is identified. Network 10 5 N Ame	every television station (including translator stations and low power television stations) ing the accounting period, except (1) stations carried only on a part-time basis under icd on June 24, 1981, permitting the carriage of certain network programs [sections ind (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a iained in the next paragraph. respect to any distant stations carried by your cable system on a substitute program segulations, or authorizations: pace G—but do list it in space I (the Special Statement and Program Log)—if the stitute basis. n space I, if the station was carried both on a substitute basis and also on some other icerning substitute treport origination program services such as HBO, ESPN, etc. Identify each a station according to its over-the-air designation. For example, report multistream m. ber the FCC assigned to the television station for broadcasting over the air in its community channel 4 in Washington, D.C. whether the station is a network station, an independent station, or a noncommercial he letter "N" (for network multicast). "I" (for independent), "I-M" for noncommercial educational), or "E-M" (for noncommercial educational multicast). see page (iv) of the general instructions. as station. For U.S. stations, list the community to which the station is identified. </td <td>1-</td>	1-
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Accounting P							FORM	I SA1-2E. PAGE
LEGAL NAME OF ProVision LI		CABLE SY	/STEM:					SYSTEM ID 6197
								0197
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein t the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/1						FORM SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	FEM:				SYSTEM ID#
Name	ProVision LLC						61979
					•		
	SUBSTITUTE CARRIAGE						
I	In General: In space I, identi						
	substitute basis during the ac explanation of the programm						
Substitute					e general insu		aper SAT-2 Ionn.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	 During the accounting period 	-	r cable system	carry, on a substitute bas	is, any nonnel	twork television	1 program
Program Log	broadcast by a distant stat	tion?					YES NO
	Note: If your answer is "No'	. leave the	rest of this pao	e blank. If vour answer is	"Yes." vou mu	ist complete th	e program
	log in block 2.	,		, ,	, j		
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	eaning is
	clear. If you need more spa				·		Ū
				ision program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, reg Do not use general categori						
	"NBA Basketball: 76ers vs.			todii. List specific prograf			
			lcast live, ente	r "Yes." Otherwise enter "N	lo."		
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m.		
				e community to which the			C or, in
	the case of Mexican or Can			tem carried the substitute			a the month
	first. Example: for May 7 giv	,	when your sys		piogram. Use	numerais, wiu	
			substitute pro	gram was carried by your	cable system.	List the times	accurately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."						
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						
	effect on October 19, 1976.	ining that y				na rogulationo	
	,				11		
						N SUBSTITU	
	S	UBSTITUT	E PROGRAM	1		AGE OCCUR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	TO
		163 01 110	CALL SIGN	4. STATION S LOCATION			
						_	
						·	
						_	
						_	
						_	
						_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ProVision LLC	SI	STEM ID# 61979
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	5,774.00 ss 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 less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.01
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.01
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 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 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of group requires from an and 1/		
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 040 00	
	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		
	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)	52.01	
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	\$	67.01
	EFT Trace # or TRANSACTION ID # 26C24U41		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	: 2018/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O ProVision LI	F OWNER OF CABLE SYSTEM: _ C	SYSTEM ID# 61979
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	
N Individual to Be Contacted	we can contac	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Donelda Koble Te	elephone 701 838-5776
	Address	PO Box 1728 (Number, street, rural route, apartment, or suite number) Minot, ND 58702 (City, town, state, zip)	
	Email	Fax (optional)	
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	(This statement of account must be certified and signed in accordance with Copyright Office reg gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (There other than corporation or partnership) I am the owner of the cable system as identified in line 1 of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact containe lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	of space B; or e cable system as identified ed as owner of the cable system
		X /s/ Darla Whitty 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: Darla Whitty Title: VP (Title of official position held in corporation or partnership) 9-5-18	t.

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 telephol 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 t 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 lav

ounting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Vision LLC	6197
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? NO YES. Enter the total here and list the satellite carrier(s) below. Name	P Special Statement Concerning Gross Receipts Exclusion
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	7.00 Interest Assessment
	7.00 Interest Assessment
x 1%	
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.67
x 1%	0.67
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here x 7 day Line 3 Multiply line 2 by the number of days late and enter the sum here	0.67
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 X 0 0	0.67 ys
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.67 ys 4.69
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.67 ys
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x 7 Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 0 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ 0	0.67 ys 4.69 0.01
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.67 ys 4.69
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x 7 Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	0.67 ys 4.69 0.01
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x 7 Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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	0.67 ys 4.69 0.01
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x 7 Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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	0.67 ys 4.69 0.01
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x 7 day Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 Line 5 Wultiply line 3 by 0.00274** and enter here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 Line 5 To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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.	0.67 ys 4.69 0.01
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.67 ys 4.69 0.01
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