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 \$ 8/8/2018 ALLOCATION NUMBER								
\$ 8/8/2018	FOR COPYRIGHT OFFICE USE ONLY							
8/8/2018	DATE RECEIVED	AMOUNT						
	8/8/2018							

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

Α	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		
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
		WEST CENTRAL TELEPHONE ASSOC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 304 (Number, street, rural route, apartment, or suite number)
		SEBEKA MN 56477 (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
C	names	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	(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.

Accounting Period:	2018/1							
		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	WEST CENTRAL TELEPHONE ASSOC.	0						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in F "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includin discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaf 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 parks should be reported in parentheses below identified city.							
	CITY OR TOWN	STATE						
First	MENAHGA	MN						
Community	NIMROD	MN						
	SEBEKA	MN						
Add Rows as Necessary	VERNDALE	MN						
	WOLF LAKE	MN						
	WADENA	MN						
		,						

Accounting Period: 2018/1

FORM SA1-2E, PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

WEST CENTRAL TELEPHONE ASSOC.

SYSTEM ID#

E

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.

		BLOCK 2		
NO. OF	DATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
IDOCKIDERO	IVATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
1,544	30.25			
	1,544	BSCRIBERS RATE 1,544 30.25		

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	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel	T&M		
 Pay cable—add'l channel 	15.95	Commercial	T&M		
 Fire protection 		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	27.00		
Converter		Disconnect	27.00		
		Outlet relocation	T&M		
		Move to new address			
)

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WEST CENTRAL TELEPHONE ASSOC.

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
KPXM	41	N	MINNEAPOLIS MN
KARE	11	N	MINNEAPOLIS MN
wcco	4	N	MINNEAPOLIS MN
KMSP	9	N	MINNEAPOLIS MN
WFTC	29	E	MINNEAPOLIS MN
WUCW	23	N	MINNEAPOLIS MN
KSTP	5	N	MINNEAPOLIS MN
кэтс	45	N	MINNEAPOLIS MN
KVLY	11	N	FARGO ND
KVRR	15	N	FARGO ND
KXJB	4	N	FARGO ND
WDAY	6	N	FARGO ND

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WEST CENTRAL TELEPHONE ASSOC.

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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d: 2018/1						FOR	M SA1-2E. PAGE 5.
							SYSTEM ID# 0
In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	y a <i>distant</i> sta CC rules, regu ne general inst	lations, or a ructions in th	uthorizations. ne paper SA1	For a further -2 form.			
	•	r cable system	carry, on a substitute ba	sis, any nonne	twork telev		
			- blank 16	"X"		_	□ NO
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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 "57." 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							
	WHEN SUBSTITUTE						
S	UBSTITUT	E PROGRAM	1				7. REASON FOR
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		FROM	TIMES — TO	DELETION
	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN* During the accounting per broadcast by a distant state in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, redumn 2: If the program Column 3: Give the call Column 4: Give the broadcast by a under certain FCC rules, redumn 3: Give the call Column 4: Give the more first. Example: for May 7 given Column 5: Give the more first. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	WEST CENTRAL TELEPHONE A SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting prexplanation of the programming that must 1. SPECIAL STATEMENT CONCER During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRAIN General: List each substitute prograclear. If you need more space, please a Column 1: Give the title of every no period, was broadcast by a distant stati under certain FCC rules, regulations, on Do not use general categories like "mo" NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the second of Mexican or Canadian static the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	WEST CENTRAL TELEPHONE ASSOC. SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this pag log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional r Column 1: Give the title of every nonnetwork televi period, was broadcast by a distant station and that yo under certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcat Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the or Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pro- to to the nearest five minutes. Example: a program carrie stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system wa effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	WEST CENTRAL TELEPHONE ASSOC. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LC In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of the specific present and former F explanation of the programming that must be included in this log, see page (v) of the specific present and former F explanation of the programming that must be included in this log, see page (v) of the specific present and former F explanation of the programming that must be included in this log, see page (v) of the substitute program that the substitute base broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the genument of the substitute program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program "Saketball: The program was broadcast live, enter "Yes." Otherwise enter "Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program to	WEST CENTRAL TELEPHONE ASSOC. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, requexplanation of the programming that must be included in this log, see page (v) of the general inst 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnet broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you m log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever post 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") the period, was broadcast by a distant station and that your cable system substitute for the prograd under certain FCC rules, regulations, or authorizations. See page (v) of the general instruction to not use general categories like "movies" or "basketball." List specific program titles, for ex "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 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:2 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your delete under FCC rules and regulations in effect during the accounting period; enter the lew as substitute for programming that your system was permitted to delete unde	WEST CENTRAL TELEPHONE ASSOC. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis and the substitute program on a substitute basis, any nonnetwork televioractes by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complet log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 period, was broadcast by a distant station and that your cable system substituted for the programming or under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I to "NBA Basketball: Toers 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. Use numerals, first. Example: for May 7 give "577." Column 6: State the month and day when your system carried the substitute program. Use numerals, first. Example: for May 7 give "577." Column 6: State the times when the substitute program was carried by your cable system. List the tire to the nearest five minutes. Exa	LEGAL NAME OF OWNER OF CABLE SYSTEM: WEST CENTRAL TELEPHONE ASSOC. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syste substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograr 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 sta 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the st

SROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans as identified in space E) during the accounting period. For a further explanation of how to compute this age (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. MPORTANT: You must complete a statement in space P concerning gross receipts. MPORTANT: You must complete a statement in space P concerning gross receipts. MPORTANT: You must complete a statement in space K is \$137,100 or less. See block 1, block 2, or block 3. See block 1, block 2, or block 3. See block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to lese block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00 Ine 1. Royalty fee for accounting period . Ine 2. Interest charge. Enter the amount from line 4, space Q, page 8 Ine 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 100 and the second page of the second	smission services amount, see \$ 40 (Amount of ground) \$263,800 this six-month \$ 100)	e),720.19					
tructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Jase block 1 if the amount of gross receipts in space K is \$137,100 or less Jase block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Jase block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 et 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 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00 Jane 1. Royalty fee for accounting period Jane 2. Interest charge. Enter the amount from line 4, space Q, page 8 Jane 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 100 or less) Base amount under statutory formula Sase amount under statutory formula Enter amount of gross receipts from space K Subtract line 2 from line 1 Enter the amount of gross receipts from space K Enter the amount of gross receipts from space K Enter the amount from line 3	this six-month \$\$ 100)	0.00					
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00 Ine 1. Royalty fee for accounting period	\$ \$ 100)	0.00					
ine 1. Royalty fee for accounting period	\$ \$ 100)	0.00					
ine 1. Royalty fee for accounting period	100)	0.00					
ine 2. Interest charge. Enter the amount from line 4, space Q, page 8. ine 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, Base amount under statutory formula \$263,800.00 Enter amount of gross receipts from space K. Subtract line 2 from line 1. Enter the amount of gross receipts from space K. Enter the amount from line 3.	100)	0.00					
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, Base amount under statutory formula \$263,800.00 Enter amount of gross receipts from space K. Subtract line 2 from line 1 Enter the amount of gross receipts from space K. Enter the amount from line 3	100)	52.00					
Base amount under statutory formula \$263,800.00 Enter amount of gross receipts from space K. Subtract line 2 from line 1. Enter the amount of gross receipts from space K. Enter the amount from line 3.	-						
E. Enter amount of gross receipts from space K S. Subtract line 2 from line 1 Enter the amount of gross receipts from space K Enter the amount from line 3	- - -						
Enter the amount from line 3	- -						
Enter the amount of gross receipts from space K							
Enter the amount from line 3							
Subtract line 5 from line 4							
Multiply line 6 by .005 (enter figure here)							
Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
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)							
. Enter the amount of gross receipts from space K							
	-						
Subtract line 2 from line 1	='						
	-						
FILING FEE AND TOTAL REMITTANCE DUE							
. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
t. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52) Enter the amount of gross receipts from space K	Enter the amount of gross receipts from space K					

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER WEST CENTRAL TE					SYSTEM ID# 0
M Channels	to its subscribers, and (1. Enter the total number system carried televis 2. Enter the total number on which the cable sy	(2) the cable system's to er of channels on which ion broadcast stations. er of activated channels stem carried television I	otal number the cable	on which the cable system carried teler of activated channels during the acc	counting period.	12
N Individual to Be Contacted		ONTACTED IF FURTHI		MATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name JEN	INIFER GREWE			Telephone	218-837-6023
	(Numb	BOX 304 308 FR per, street, rural route, apartn BEKA MN 56477 town, state, zip)				
	Email	JENNIFERG@V	WCTA.NE	T	Fax (optional) 218-837-5004	4
O	Owner other (Agent of ow in line 1 of the	r than corporation or pa ner other than corporation space B and that the over artner) I am an officer (if if space B.	artnership) tion or part wner is not a f a corporation nereby decla knowledge,	fied and signed in accordance with Coone, of the boxes.) I am the owner of the cable system as thership) I am the duly authorized ager a corporation or partnership; or ion) or a partner (if a partnership) of the are under penalty of law that all stateme information, and belief, and are made information, and belief, and are made information, signature on the line above to cature using an "/s/ signature" (e.g., /s/ Jo	identified in line 1 of space B; at of the owner of the cable system legal entity identified as owners of fact contained herein in good faith.	stem as identified
		Typed or printed Title:	name:	JENNIFER GREWE		
		(Title of of	fficial position	held in corporation or partnership)	08/08/2018	

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

ccounting Period: 2018/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
/EST CENTRAL TELEPHONE ASSOC.	0
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119	ic e sub- 9." 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 transmiss made by satellite carriers to satellite dish owners?	sions
NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	Interest Assessment days
x 0.00274	
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	ge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance pleased the Licensing Division at (202) 707-8150 or licensing@loc.gov.	lease
** 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, pl list below the owner, address, first community served, ID number, and accounting period as given in the original filing the owner.	
Owner Address	
ID number First community served Accounting period	

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