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	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1         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.	62551
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Bevcomm, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		BEVCOMM	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		123 W 7th St. (Number, street, rural route, apartment, or suite number)	
		Blue Earth, MN 56013 (City, town, state, zip)	
	INCTO		valaas these
С		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Bevcomm, Inc.	625
	Instructions: List each separate community served by the cable system. A "commun	ity" is the same as a "community unit" as defined in FCC rul
D	"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.	st will serve as a form of system identification hereafter know
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	New Prague	MN
Community	Minnesota Lake	MN
	Wells	MN
d Rows as Necessary	Easton	MN
	Winnebago	MN
	Bricelyn	MN
	Frost	MN
	Granada	MN
	Huntley	MN
	Warsaw	MN
	Freeborn	MN
	Delavan	MN
	Morristown	MN

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	TEM IC		
Name	Bevcomm, Inc.							6255		
E Secondary Transmission Service: Sub- scribers and Rates	system, that is, the retransmission about other services (including per last day of the accounting period <b>Number of Subscribers:</b> Both down by categories of secondary each category by counting the nu- separately for the particular servi <b>Rate:</b> Give the standard rate of unit in which it is generally billed. category, but do not include disco <b>Block 1:</b> In the left-hand block systems most commonly provide that applies to your system. <b>Note</b> categories, that person or entity as subscriber who pays extra for cal first set" and would be counted o <b>Block 2:</b> If your cable system the	ace E should of n of television a (June 30 or De blocks in space transmission s imber of billing ce at the rate in harged for each (Example: "\$2 bunts allowed should be coun ble service to a nce again unden as rate catego	Id cover all categories of secondary transmission service of the cable on and radio broadcasts by your system to subscribers. Give information space F, not here. All the facts you state must be those existing on the December 31, as the case may be). pace E call for the number of subscribers to the cable system, broken on service. In general, you can compute the number of subscribers in ings in that category (the number of persons or organizations charged te indicated—not the number of sets receiving service). ach category of service. Include both the amount of the charge and the "\$20/mth"). Summarize any standard rate variations within a particular rate							
	with the number of subscribers a sufficient.	nd rates, in the				n of the sei	vice is			
	BLO	OCK 1 NO. OF	I			BLOCK	C2 NO. OF	<u> </u>		
	CATEGORY OF SERVICE	SUBSCRIB		TE CA	TEGORY OF SEF	RVICE	SUBSCRIBERS	RATI		
	Residential:					-				
	Service to first set		3,543	89.95						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECC In General: Space F calls for rate not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib lose services ti e two exceptior or facilities furni it in which it is in rate column. e charged by th your cable sys reparate charge	er) information hat are not offe is: you do not shed to nonsu usually billed. I he cable syster tem furnished was made or	with respect to a ered in combination need to give rate bscribers. Rate in f any rates are ch n for each of the or offered during established. List	on with any secon- information conce- nformation should narged on a variat applicable service the accounting pe	dary transr rning (1) s include bo le per-prog s listed. riod that w	nission ervices th the gram basis, ere not			
		BLO	CK 1				BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEGORY		RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:			Non-residential						
	Pay cable     Add'l shappel		Motel, hot							
	Pay cable—add'l channel     Fire protection		<ul> <li>Commerc</li> <li>Pay cable</li> </ul>							
	Burglar protection		3	-add'l channel						
	Installation: Residential		• Fire prote							
	First set	35.00	Burglar pr							
	Additional set(s)		Other service							
			Reconnect		25.00			1		
	<ul> <li>FM radio (if separate rate)</li> </ul>		recounted	, L	20.00					
	FM radio (if separate rate)     Converter		Disconnee		20.00					
				ct	45.00					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
Name	Bevcomm, Inc.			
	PRIMARY TRANSMITTERS:	TELEVISION		
G smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and al- , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station	E-time basis under arams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КТСА	2.1	E	MINNEAPOLIS/ST PAUL, MN
	КРХМ	41	I	MINNEAPOLIS/ST PAUL, MN
s as Necessary	WCCO	4	N	MINNEAPOLIS/ST PAUL, MN
ws as Necessary	WCCO KSTP	4 5	N N	MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary				
ws as Necessary	KSTP	5	N	MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL	5 6	N N	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN
ws as Necessary	KSTP KAAL KSTC METV	5 6 5.3	N N I-M	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP	5 6 5.3 9	N N I-M	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC	5 6 5.3 9 29	N N I-M I	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC KARE	5 6 5.3 9 29 11	N N I-M I I N	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC KARE KEYC (FOX)	5 6 5.3 9 29 11 12.4	N N I-M I I N I-M	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MANKATO, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC KARE KEYC (FOX) KSTC	5 6 5.3 9 29 11 12.4 45	N N I-M I I N I-M I	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MANKATO, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC KARE KEYC (FOX) KSTC KTCI-LIFE	5 6 5.3 9 29 11 12.4 45 2.3	N N I-M I I N I-M I E-M	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MANKATO, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC KARE KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV	5 6 5.3 9 29 11 12.4 45 2.3 5.2	N N I-M I I N I-M I E-M I-M	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC KARE KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW	5 6 5.3 9 29 11 12.4 45 2.3 5.2 11.2	N N I-M I I N I-M I E-M I-M I-M	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC KARE KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC	5 6 5.3 9 29 11 12.4 45 2.3 5.2 11.2 12	N N I-M I I N I-M I E-M I-M I-M I-M N	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC KARE KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC KSTC ANTENNA	5 6 5.3 9 29 11 12.4 45 2.3 5.2 11.2 12 5.4	N N I-M I I N I-M I E-M I-M I-M I-M	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC KARE KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC KSTC ANTENNA KSTP-H&I	5         6         5.3         9         29         11         12.4         45         2.3         5.2         11.2         12         5.4         5.7	N N I-M I I N I-M I-M I-M I-M I-M N N N N N N N N-M	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC KARE KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC KSTC ANTENNA KSTP-H&I KARE-JUSTICE	5 6 5.3 9 29 11 12.4 45 2.3 5.2 11.2 12 5.4 5.7 11.3	N N N I-M I I N I-M I-M I-M I-M I-M I-M N N N N N N-M	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN
ws as Necessary	KSTP KAAL KSTC METV KMSP WFTC KARE KEYC (FOX) KSTC KTCI-LIFE KSTC THISTV KARE WXNOW KEYC KSTC ANTENNA KSTP-H&I KARE-JUSTICE KTCA-MN	5 6 5.3 9 29 11 12.4 45 2.3 5.2 11.2 12 5.4 5.7 11.3 2.2	N N I-M I I N I-M I E-M I-M I-M I-M I-M I-M N N N N N N N N-M E-M	MINNEAPOLIS/ST PAUL, MN AUSTIN, MN MINNEAPOLIS/ST PAUL, MN

Accounting P			OTEM.				ruki	I SA1-2E. PAGE
		ABLE SY						SYSTEM I
Bevcomm, li	nc.							625
PRIMARY TRA		RADIO						
n General: List	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
	-	-	I-Band FM Carriage: Under (			-		Primary
eceivable if (1)	it is carried by	y the sys	tem whenever it is received a	t the system's he	adend, and (2	2) it can	be expected,	Transmitters
			ved at the headend, with the sopyright Office regulations on t					Radio
aper SA1-2 for				inis point, see pa	ge (v) of the g	Jenerari	instructions in the.	
			each station carried.					
			on is AM or FM. nal was electronically process	ed by the cable s	system as a se	eparate	and discrete	
			k mark in the "S/D" column.		, jotom do d o	opulato		
			on (the community to which th			C or, in	the case of	
lexican or Can	adian stations	s, ir any,	the community with which the	station is identifi	ea).			
			1	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						[		

Accounting Perio						FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Bevcomm, Inc.						62551
					•		
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the are explanation of the programmi	fy <i>every nor</i> ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat C rules, regul	ations, or authorizations	. For a further
Carriage:	1. SPECIAL STATEMENT				Ū	•••	
Special	<ul> <li>During the accounting peri</li> </ul>				s, any nonne	twork television prograr	n
Statement and Program Log	broadcast by a distant stat	tion?			-	YES	× NO
Program Log	Note: If your answer is "No"	leave the	rest of this nac	e blank. If your answer is '	Yes " vou mi	-	
	log in block 2.	, leave the	rest of this pay	je blatik. Il your allower is	res, you mu		
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can	itute progra ce, please a of every no distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio	m on a separa add additional i nnetwork telev ion and that yo r authorization: vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra the community to which the	brogram") that d for the prog eral instruction n titles, for exi- to." m. station is lice station is lice	t, during the accounting ramming of another sta ns for further informatio ample, "I Love Lucy" or nsed by the FCC or, in ntified).	) n.
	first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	e "5/7." es when the Example: a er "R" if the nd regulatio ming that y	e substitute pro program carrie listed program ons in effect du	gram was carried by your of ed by a system from 6:01:1 was substituted for progra ring the accounting period	cable system. 15 p.m. to 6:2 mming that y ; enter the let	List the times accurate 8:30 p.m. should be our system was <i>require</i> ter "P" if the listed prog	ely
	S	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						_	
						<u> </u>	
						_	
						_	

Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Bevcomm, Inc.				8YSTEM ID# 62551
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross	e system's ation of how	secondary trans v to compute this	mission serv s amount, se \$ 40	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$137,10 • Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for mor	0 but less	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	Ity fee that	you must pay for	this six-month	ı
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add	lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but m	ore than \$137,	100)	
	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		· <u>·</u>		
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63,800 (bu	t less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K	\$	407,594.88		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	143,794.88		
	4. Multiply line 3 by .01		. \$	1,437.95	
	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		\$	2,756.95
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,756.95	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	)	. <u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,776.95
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ights!

Accounting Period:	2018/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW Bevcomm, Inc.	NER OF CABLE SYSTEM:					SYSTEM ID# 62551
M Channels	<ul> <li>to its subscribers, a</li> <li>1. Enter the total nuspective system carried tel</li> <li>2. Enter the total nuspective system carried total nuspective system carried tel</li> </ul>	and (2) the cable system's umber of channels on which levision broadcast stations umber of activated channe le system carried television	total num ch the cab s els n broadca:	mber able 	n which the cable system carried television b of activated channels during the accounting p ations	period.	20 285
N Individual to Be Contacted		E CONTACTED IF FURT but this statement of account		ORN	ATION IS NEEDED (Identify an individual to	whom	
for Further Information	Name	GLORIA PEDERSOI	N			Telephone	507-526-1134
	(1	123 W 7TH ST Number, street, rural route, apa BLUE EARTH, MN { City, town, state, zip)		suite n	imber)		
	Email	gpederson@b	evcomm.	n.con	Fax (op	tional)	
O Certification	I, the undersigned,     (Owner of     (Agent of     in line     X     (Officer     in line     I have examined th	hereby certify that (Check of other than corporation or p f owner other than corpor e 1 of space B and that the or partner) I am an officer e 1 of space B. He statement of account and and correct to the best of m 1001(1986)]	ation or p owner is n (if a corpor hereby de y knowledg Enter ar Enter sig	only o hip)   partm not a oratio declar dge, ii dge, ii , / an ele signat	d and signed in accordance with Copyright C e, of the boxes.) am the owner of the cable system as identified <b>ership)</b> I am the duly authorized agent of the or corporation or partnership; or n) or a partner (if a partnership) of the legal enti- e under penalty of law that all statements of fac formation, and belief, and are made in good fa- s/ Arlette Dutton tronic signature on the line above to certify this ire using an "/s/ signature" (e.g., /s/ John Smith)	in line 1 of space B; wner of the cable sys ty identified as owne t contained herein ith.	stem as identified
		Typed or printe Title: (Title of	CHIEI	EF F	Indexted Dutton		
		Date:				9/2018	

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 telephoi 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. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
vcomm, Inc.		625
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXC.</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts p service of providing secondary transmissions of primary broadcast transs scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transpectives and amounts collected from subscribers receiving secondary transmissions of primary broadcast transpectives and amounts collected from subscribers receiving secondary transmissions of primary broadcast transpectives and amounts collected from subscribers receiving secondary transmissions of primary broadcast transpectives and amounts collected from subscribers receiving secondary transmissions of primary broadcast transpectives and amounts collected from subscribers receiving secondary transmissions of primary broadcast transpectives and amounts collected from subscribers receiving secondary transmissions of primary broadcast transpectives and amounts collected from subscribers receiving secondary transmissions of primary broadcast transpectives and amounts collected from subscribers receiving secondary transmissions of primary broadcast transpectives and amounts of providing the accounting period, did the cable system exclude any amounts of grow made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul></li></ul>	of the Copyright Act by adding the fol- aid to the cable system for the basic nitters, the system shall not include sub- nsmissions pursuant to section 119." (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	<b>\$</b>	
Name Mailing Address Mailing Address	s	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a re For an explanation of interest assessment, see page (viii) of the general instruct Line 1 Enter the amount of late payment or underpayment	ons located in the paper SA1-2 form.	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a re For an explanation of interest assessment, see page (viii) of the general instruct	ons located in the paper SA1-2 form x	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a re For an explanation of interest assessment, see page (viii) of the general instruct Line 1 Enter the amount of late payment or underpayment	ons located in the paper SA1-2 form.	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a re For an explanation of interest assessment, see page (viii) of the general instruct Line 1 Enter the amount of late payment or underpayment	ons located in the paper SA1-2 form.         x         x	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted as a re For an explanation of interest assessment, see page (viii) of the general instruct Line 1 Enter the amount of late payment or underpayment	ons located in the paper SA1-2 form.            x            x            x            x            x            x            x            x            x         0.00274         (interest charge)	Q Interest Assessme
<ul> <li>You must complete this worksheet for those royalty payments submitted as a reformant explanation of interest assessment, see page (viii) of the general instruction.</li> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum here</li> <li>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</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest</i></li> </ul>	ons located in the paper SA1-2 form.	Q Interest Assessme
<ul> <li>You must complete this worksheet for those royalty payments submitted as a reformant explanation of interest assessment, see page (viii) of the general instruction.</li> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum here</li> <li>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</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> </ul>	ons located in the paper SA1-2 form.          x <t< td=""><td>Q Interest Assessme</td></t<>	Q Interest Assessme
<ul> <li>You must complete this worksheet for those royalty payments submitted as a reformant explanation of interest assessment, see page (viii) of the general instruction interest assessment, see page (viii) of the general instruction interest assessment, see page (viii) of the general instruction interest assessment or underpayment</li></ul>	ons located in the paper SA1-2 form.          x <t< td=""><td>Q Interest Assessme</td></t<>	Q Interest Assessme

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 th 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 Office'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.