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@loc.gov</u>
General instructions are located in the first tab of this workbook	07/26/2018	\$ ALLOCATION NUMBER	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.	8516
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Midcontinent Communications	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 5040 (Number, street, rural route, apartment, or suite number)	
		Sioux Falls, SD 57117-5040 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system 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:	
		Alden/Waseca, MN	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)	
		Sioux Falls, SD 57117-5040	
	1	I. W	

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 suffciency of the fing, a determination that would be made by a court of law.

	1	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Midcontinent Communications	85
	Instructions: List each separate community served by the cable system. A "commun	nity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	Alden/Waseca	MN
Community	Claremont	MN
	Clarks Grove	MN
ld Rows as Necessary	Ellendale	MN
IU ROWS as Necessary	Geneva	MN
	Glenville	MN
	Le Center	MN
	Mapleton	MN
	Medford	MN
	New Richland	MN
	St Clair	MN
	Waterville/Elysian	MN
		****

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							TEM I
Name								010	85
	Midcontinent Communi	cations							
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIE	BERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	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								
	subscriber who pays extra for ca					in the count und	der "Servic	e to the	
	first set" and would be counted of					sonvice that are	difforont fr	om thoso	
	Block 2: If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		-						
	BLO	OCK 1 NO. OF					BLOCK		1
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set	1	,251	19.95		ss Accounts		60	19
	<ul> <li>Service to additional set(s)</li> </ul>				High De	ef Converter		362	8
	<ul> <li>FM radio (if separate rate)</li> </ul>				Nursing	g Homes		39	7
	Motel, hotel		22	7.00					
	Commercial		297	69.95					
	Converter	1	,462	3.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				\$				
-	In General: Space F calls for rat				-	l your cable syst	em's servi	ces that were	
F	not covered in space E, that is, t								
Comisso	service for a single fee. There ar				•		• • • •		
Services	furnished at cost or (2) services amount of the charge and the ur								
Other Than		iit in which it is u					ble per-pr	outani dasis.	
Other Than Secondary	enter only the letters "PP" in the	rate column.	-	oilled. If any ra	ites are ch	arged on a varia		ograffi basis,	
Secondary ransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat	rate column. e charged by the	e cable	oilled. If any ra	ites are ch	arged on a varia	es listed.	-	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. e charged by the your cable syst	e cable em furr	oilled. If any ra system for ea hished or offer	ites are ch ich of the a ed during t	arged on a varia applicable service he accounting p	es listed. eriod that	were not	
Secondary ransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat	rate column. e charged by the your cable syst separate charge	e cable em furr was m	billed. If any ra system for ea hished or offer ade or establi	ites are ch ich of the a ed during t	arged on a varia applicable service he accounting p	es listed. eriod that	were not	
Secondary ransmissions:	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	rate column. e charged by the your cable syst separate charge ption and include	e cable em furr was m e the rat	billed. If any ra system for ea hished or offer ade or establi	ites are ch ich of the a ed during t	arged on a varia applicable service he accounting p	es listed. eriod that	were not form of a	
Secondary ransmissions:	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	rate column. e charged by the your cable syst separate charge otion and include BLOC	e cable em furr e was m e the rat	billed. If any ra system for ea hished or offer ade or establi te for each.	ttes are chard ch of the a ed during t shed. List t	arged on a varia opplicable servic he accounting p these other serv	es listed. eriod that ices in the	were not form of a BLOCK 2	RA
Secondary ransmissions:	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	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable em furr e was m e the rat K 1 CATEG	billed. If any ra system for ea hished or offer ade or establi	ttes are ch ch of the a ed during t shed. List f	arged on a varia applicable service he accounting p	es listed. eriod that ices in the	were not form of a	RA
Secondary ransmissions:	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 CATEGORY OF SERVICE	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable em furr e was m e the rat K 1 CATEG	billed. If any ra system for ea hished or offer ade or establi te for each. ORY OF SER	ttes are ch ch of the a ed during t shed. List f	arged on a varia opplicable servic he accounting p these other serv	es listed. eriod that ices in the CATEG	were not form of a BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	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 CATEGORY OF SERVICE Continuing Services:	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable em furr was m the rate K 1 CATEG nstalla • Mote	billed. If any ra system for ea hished or offer ade or establi te for each. ORY OF SER tion: Non-res	ttes are ch ch of the a ed during t shed. List f	arged on a varia	es listed. eriod that ices in the	were not form of a BLOCK 2 DRY OF SERVICE 1	RA <sup>-</sup> 12
Secondary ransmissions:	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 CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable em furr was m the rat K 1 <u>CATEG</u> <b>nstalla</b> • Mot • Con	billed. If any ra system for ea hished or offer ade or establi te for each. ORY OF SER tion: Non-res el, hotel	ttes are ch ch of the a ed during t shed. List f	arged on a varia applicable service he accounting p these other serv RATE 50.00	es listed. eriod that ices in the CATEGO Digital	were not form of a BLOCK 2 DRY OF SERVICE 1	12
Secondary ransmissions:	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 CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable em furr was m e the rat K 1 CATEG nstalla • Mote • Con • Pay	billed. If any ra system for ea hished or offer ade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial	ites are ch ch of the a ed during t shed. List VICE idential	arged on a varia applicable service he accounting p these other serv RATE 50.00	es listed. eriod that ices in the CATEGO Digital Cinema Showti	were not form of a BLOCK 2 DRY OF SERVICE 1	12 16 16
Secondary ransmissions:	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 CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable em furr was m the rai K 1 <u>CATEG</u> <b>nstalla</b> • Mot • Con • Pay • Pay	billed. If any ra system for ea hished or offer ade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	ites are ch ch of the a ed during t shed. List VICE idential	arged on a varia applicable service he accounting p these other serv RATE 50.00	es listed. eriod that ices in the CATEGO Digital Cinema Showti Starz!8	were not form of a BLOCK 2 DRY OF SERVICE 1 ax me	12 16 16 16
Secondary ransmissions:	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 CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable em furr was m the rat K 1 CATEG nstalla • Mot • Con • Pay • Pay • Fire	billed. If any ra system for ea nished or offer ade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch	ites are ch ch of the a ed during t shed. List f <u>VICE</u> idential	arged on a varia applicable service he accounting p these other serv RATE 50.00	es listed. eriod that ices in the CATEGO Digital Cinema Showti Starz!8	were not form of a BLOCK 2 DRY OF SERVICE 1 ax me Encore	12 16 16 16
Secondary ransmissions:	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 CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	rate column. te charged by the your cable syst separate charge otion and include BLOC RATE (1 16.00 50.00	e cable em furr was m the rat K 1 CATEG nstalla • Mot • Con • Pay • Pay • Fire • Burg	billed. If any ra system for ea hished or offer ade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l cl protection	ites are ch ch of the a ed during t shed. List f <u>VICE</u> idential	arged on a varia applicable service he accounting p these other serv RATE 50.00	es listed. eriod that ices in the CATEGO Digital Cinema Showti Starz!8	were not form of a BLOCK 2 DRY OF SERVICE 1 ax me Encore	12 16 16 16
Secondary ransmissions:	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 CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by the your cable syst separate charge otion and include BLOC RATE (1 16.00 50.00	e cable em furr was m the rat K 1 CATEG nstalla • Mot • Con • Pay • Pay • Fire • Burg	billed. If any ra system for ea hished or offer ade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	ites are ch ch of the a ed during t shed. List f <u>VICE</u> idential	arged on a varia applicable service he accounting p these other serv RATE 50.00	es listed. eriod that ices in the CATEGO Digital Cinema Showti Starz!8	were not form of a BLOCK 2 DRY OF SERVICE 1 ax me Encore	12 16 16 16
Secondary ransmissions:	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 CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by the your cable syst separate charge otion and include BLOC RATE (1 16.00 50.00	e cable em furr was m the rat K 1 CATEG nstalla • Mot • Con • Pay • Pay • Fire • Bur Other s • Rec	billed. If any ra system for ea hished or offer ade or establic te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	ites are ch ch of the a ed during t shed. List f <u>VICE</u> idential	arged on a varia applicable service he accounting p these other serv RATE 50.00 50.00	es listed. eriod that ices in the CATEGO Digital Cinema Showti Starz!8	were not form of a BLOCK 2 DRY OF SERVICE 1 ax me Encore	12 16
Secondary ransmissions:	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 CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by the your cable syst separate charge otion and include BLOC RATE (1 16.00 50.00	e cable em furr was m the rat K 1 CATEG nstalla • Mot • Con • Pay • Pay • Fire • Burg Other sc • Disc	billed. If any rassistem for eachished or offer ade or establice for each. ORY OF SER tion: Non-resel, hotel mercial cable cable-add'l cl protection glar protection ervices: onnect	ites are ch ch of the a ed during t shed. List f <u>VICE</u> idential	arged on a varia applicable service he accounting p these other serv RATE 50.00 50.00	es listed. eriod that ices in the CATEGO Digital Cinema Showti Starz!8	were not form of a BLOCK 2 DRY OF SERVICE 1 ax me Encore	12 16 16 16

counting Period: 2	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Midcontinent Commu			8516
		entify every television station (including		
G		m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th		
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6		
ansmitters: Felevision	Substitute Basis Stations	s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a su	ubstitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (tl a substitute basis.	he Special Statement and Program	n Log)—if the
		also in space I, if the station was carried		
	Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	program services such as HBO, ES	SPN, etc. Identify each
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the the form.	e-air designation. For example, rep	port multistream
	Column 2: Give the channe	el number the FCC assigned to the tele	evision station for broadcasting ove	r the air in its community
	Column 3: Indicate in each	RC is channel 4 in Washington, D.C. a case whether the station is a network		
		ering the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), c	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	For the meaning of these te	erms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	
		n of each station. For U.S. stations, list dian stations, if any, give the name of th		
		• •	-	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAAL-DT	36	N	ROCHESTER, MN (ABC)
	KARE-DT	11	Ν	MINNEAPOLIS, MN (NBC)
s Necessary	KARE-DT2	11.2	I-M	MINNEAPOLIS, MN (WEATHER)
	KARE-DT3	11.3	I-M	MINNEAPOLIS, MN (TJN)
	KEYC-DT	12	Ν	MANKATO, MN (CBS)
	KMSP-DT	9	l	MINNEAPOLIS, MN (FOX)
	KMSP-DT4	9.4	I-M	MINNEAPOLIS, MN (BUZZR)
	KSMQ-DT	20	E	AUSTIN, MN (PBS)
	KSTC-DT	45		MINNEAPOLIS, MN (IND-45)
	KSTC-DT4	45.4	I-M	MINNEAPOLIS,MN(ANTENNA)
	KSTC-DT3	45.3	I-M	MINNEAPOLIS, MN (ME TV)
	KSTC-DT6	45.6	I-M	MINNEAPOLIS, MN(THIS TV)
	KSTP-DT	35	N	ST PAUL, MN (ABC)
	KSTP-DT7	35.7	I-M	ST PAUL, MN (HEROES)
	KTCA-DT	34	E	ST PAUL, MN (PBS)
	KTCA-DT4	34.4	E-M	ST PAUL , MN (PBS TPT NOW HD)
	KTTC-DT	10	 N	ROCHESTER, MN (NBC)
	KTTC-DT2	10.2	I-M	ROCHESTER, MN (CW)
	WCCO-DT	32	N	MINNEAPOLIS, MN (CBS)
	WCCO-DT2	32.2	I-M	MINNEAPOLIS, MN (DECADES)
		29	-	
	WFTC-DT		I M	
	WFTC-DT4	29.4	I-M	MINNEAPOLIS, MN (MOVIES!)
	KARE-DT4	11.4	I-M	MINNEAPOLIS, MN (QUEST)

EGAL NAME OF								SYSTEM ID
Vidcontinen	nt Commun	ication	IS					851
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
ceceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to ormation about rm. dentify the call State whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	at the system's he system's FM anter this point, see pa sed by the cable s he 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 ærtain st general 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	
	L	t						

	d: 2018/1						FOR	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Midcontinent Commur	nications						8516
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi	fy every nor	nnetwork televis	sion program, broadcast by	a distant stat	ion, that your	cable syste	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or aut	horizations.	For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT			TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting period</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisi	ion progran	
Program Log	broadcast by a distant stat	tion?					YES	× NO
0 0	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is '	Yes." vou mu	ist complete	the prograu	m
	log in block 2.	,		,	····, j·····		p	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is	3
	clear. If you need more spa							
	column 1: Give the title period, was broadcast by a			ision program ("substitute p				
	under certain FCC rules, reg							
	Do not use general categori	ies like "mo						
	"NBA Basketball: 76ers vs.			""	la "			
				r "Yes." Otherwise enter "N asting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	ne community to which the	station is lice		FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 giv		when your sys	tem carried the substitute p	program. Use	numerals, w	/ith the mor	nth
			e substitute pro	gram was carried by your o	cable system.	List the time	es accurate	lv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	ourovotomu	una raquira	d
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.							
					WHE			
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	S	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	7. REASON FOR DELETION
					CARRI	AGE OCCL	JRRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			Ş	SYSTEM ID#
	Midcontinent Communications				8516
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanati 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 re	system's s on of how	econdary trans to compute this	mission servi s amount, see \$ 27	се
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ fee that y	ou must pay for	this six-month	I
	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 line	es 1 and 2		· · <u>· · · · · · · · · · · · · · · · · </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	,	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				
	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 gross receipts from space K	\$	270,844.44		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	7,044.44		
	4. Multiply line 3 by .01		\$	70.44	
	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 .		\$	1,389.44
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing For and					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,389.44	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,409.44
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		-		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 8516
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	22
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	384
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Wynne Haakenstad Telephone S	952-844-2622
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435 (City, town, state, zip)	
	Email wynne.haakenstad@midco.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	tem as identified
	X       /s/ Wynne Haakenstad         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Wynne Haakenstad	
	Title:     Director of Programming       (Title of official position held in corporation or partnership)       Date:     07/26/18	

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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

unting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
continent Communications	851
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for these revelty negments submitted as a result of a late negment or underneyment	
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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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