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					
02/26/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	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
		FT RANDALL CABLE SYSTEMS INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1104 19TH AVE SW #B (Number, street, rural route, apartment, or suite number)
		WILLMAR, MN 56201 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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)
	1	(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:	2018/2	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name		27182								
	FT RANDALL CABLE SYSTEMS INC									
	Instructions: List each separate community served by the cable system. A "communi									
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 list	t will serve as a form of system identification hereafter known								
	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 home parks should be reported in parentheses below the									
Served	identified city.									
	CITY OR TOWN	STATE								
First	WOOD LAKE	MN								
Community										
Add Rows as Necessary										
Aud Nows as Necessary										

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC

SYSTEM ID# 27182

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.

BLG	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	OODOONIBLING	TVATE	CATEGORY OF GERVICE	GOBGONIBLING	TVATE
Service to first set	28	72.50			
Service to additional set(s)					
FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
Conwercial Converter • Residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	10.95	Motel, hotel			
 Pay cable—add'l channel 	12.00	Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	20.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	20.00		
Converter		Disconnect	N/A		
		Outlet relocation	20.00		
		Move to new address	20.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27182

4. LOCATION OF STATION

REDWOOD FALLS, MN

FT RANDALL CABLE SYSTEMS INC

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

W56EL

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the pager SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

56

K62AA 62 Ν REDWOOD FALLS, MN **KRWF** 27 Ν **REDWOOD FALLS, MN** K19DV 19 Ν REDWOOD FALLS, MN K25II 25 I **REDWOOD FALLS, MN** 11 Ν **KELO** SIOUX FALLS, SD **KEYC** 12.1 Ν MANKATO, MN **KWCM** 10.2 Ε APPLETON, MN Ν **KEYC** 12.2 MANKATO, MN **KWCM** 10.4 Ε APPLETON, MN K68BJ 68 Ν **REDWOOD FALLS, MN**

3. TYPE OF STATION

Ε

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FT RANDALL CABLE SYSTEMS INC

27182

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
		 					
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Accounting Perio	d: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	FT RANDALL CABLE S	SYSTEMS	INC					27182
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant state	fy every nor ecounting pe ing that mus r CONCER iod, did you	nnetwork televiseriod, under spet t be included in	sion program, broadcast be ecific present and former F this log, see page (v) of the FITUTE CARRIAGE	oy a <i>distant</i> stat FCC rules, regu he general instr	lations, or au ructions in the	thorizations. e paper SA1	em carried on a For a further -2 form.
Program Log	,		roet of this pag	o blank. If your answer is	e "Voe " vou mi	ust complete	_	
	Note: If your answer is "No' log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spart Column 1: Give the title period, was broadcast by a under certain FCC rules, report not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call substitute Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 gives Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	E PROGRA itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broac sign of the s idcast static adian statio th and day re "5/7." es when the Example: a	m on a separa add additional rannetwork televition and that yo rauthorizations vies" or "baske deast live, enterstation broadca on's location (thins, if any, the when your systematical program carried	te line. Use abbreviations rows to the tables. ission program ("substitute ur cable system substitutes. See page (v) of the ger tball." List specific program "Yes." Otherwise enter string the substitute prograe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01	e program") that ted for the program titles, for ex "No." ram. e station is lice e station is ider program. Use r cable system 1:15 p.m. to 6:2	essible, if their at, during the gramming of one further ample, "I Lowensed by the ntified). The numerals, when the time and the second	r meaning is accounting another state information we Lucy" or FCC or, in with the mores accurate hould be	tion n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting perio	od; enter the lefter FCC rules a	tter "P" if the	listed progr ns in	
	S	UBSTITUT	E PROGRAM	1		IAGE OCCI		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. T FROM -	IMES — TO	DELETION
						-		
						-	_	
						-	_	
							_	
							_	
						-		
							_	
						-		
						-		
						-		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM II						
Name	FT RANDALL CABLE SYSTEMS INC		2718						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trai (as identified in space E) during the accounting period. For a further explanation of how to compute to page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nsmission servionis amount, see	e 2,194.08						
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to the second s	- \$262 900							
	 Use block 3 if the amount of gross receipts in space K is more than \$13,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	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	or this six-month							
	Line 1. Royalty fee for accounting period	\$	52.00						
	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 LESS (but more than \$13	7,100)							
	1. Base amount under statutory formula	<u>) </u>							
	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)								
	Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula	_)							
	3. Subtract line 2 from line 1	_							
	4. Multiply line 3 by .01	_							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)								
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	· ·							
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00							
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00						
		_ +	200						

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: ABLE SYSTEMS INC				SYSTEM ID# 27182
M Channels	to its subscribers, 1. Enter the total r system carried te 2. Enter the total r on which the cat	u must give (1) the number of and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ole system carried television but st services.	al number of activathe cable	ed channels during the a	ccounting period.	12 42
N Individual to Be Contacted		BE CONTACTED IF FURTHE		S NEEDED (Identify an in	dividual to whom	
for Further Information	Name	KRISTI HILBRANDS			Telephone	320-847-7104
		1104 19TH AVE SW, S (Number, street, rural route, apartm WILLMAR, MN 56201				
	Email	(City, town, state, zip) kristih@hcinet.no	<u>.t</u>		Fax (optional) 320-847-712	3
	CERTIFICATION (1	This statement of account mus	t be certified and si	gned in accordance with (Copyright Office regulations)	
O Certification		i, hereby certify that (Check one other than corporation or par	· ·		s identified in line 1 of space B;	· or
	in lir	ne 1 of space B and that the ow	ner is not a corporation	on or partnership; or	ent of the owner of the cable sy	
	I have examined t	he statement of account and he and correct to the best of my k				
			Enter an electronic sig	e Hanson nature on the line above to an "/s/ signature" (e.g., /s/		
		Typed or printed	ame: BRUCE	HANSON		
			TREASURER	oration or partnership)		
		Date:			02/26/19	

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counting Period: 2018/2				FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE	E SYSTEM:			SYSTEM ID#
ΓRANDALL CABLE SYST	TEMS INC			27182
The Satellite Home Viewer A lowing sentence: "In determining the to service of providing s	T CONCERNING GROSS REC Act of 1988 amended Title 17, section otal number of subscribers and the greecondary transmissions of primary be as collected from subscribers receiving	n 111(d)(1)(A), of the Co ross amounts paid to the proadcast transmitters, th	pyright Act by adding the fol- cable system for the basic se system shall not include sul	Concerning Gross
For more information on whe located in the paper SA1-2 for	en to exclude these amounts, see the orm.	e note on page (vii) of the	e general instructions	Receipts Exclusion
During the accounting period made by satellite carriers to	d, did the cable system exclude any a satellite dish owners?	amounts of gross receipt	s for secondary transmissions	;
NO				
YES. Enter the total here	e and list the satellite carrier(s) below	v <u>\$</u>		
Name Mailing Address		Name Mailing Address		
•	cst assessment, see page (viii) of the			t. Q
·		-	tod in the paper of the Lienni.	Interest Assessment
Line 1 Enter the amount of	late payment or underpayment			Interest Assessment
			х	
Line 2 Multiply line 1 by the	e interest rate* and enter the sum her	e		-
				days
Line 3 Multiply line 2 by the	number of days late and enter the s	sum here	x 0.00274	<u>-</u>
Line 4 Multiply line 3 by 0.0 in space L, (page 6) l	00274** and enter here block 1, line 2, or block 2 line 8, or bl	lock 3 line 6	\$ (interest charge)	
	e chart click on www.copyright.gov/li Division at (202) 707-8150 or licensin		, , , , , ,	е
** This is the decimal equ	uivalent of 1/365, which is the interes	st assessment for one da	ay late.	
NOTE: If you are filing this w	vorksheet covering a statement of ac	-		е
list below the owner, address	s, ilist community served, ib number	,	as given in the original liling.	
	s, first community served, 1D humber		as given in the original imig.	

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