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				
02/15/2019	\$ 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

_	1							
A	ACC	OUNTING 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								
	<u> </u>	Instructions:						
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	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	C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the sys names already appear in space B. In line 2, give the mailing address of the system, if different from the address give							
System	IDENTIFICATION OF CABLE SYSTEM:							
	'	Balaton, MN						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	PO Box 5040 (Number, street, rural route, apartment, or suite number)						
		Sioux Falls, SD 57117-5040 (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 suffciency of the fling, a determination that would be made by a court of law.

	2010/2								
Accounting Period:	2018/2	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Midcontinent Communications	452							
	Instructions: List each separate community served by the cable system. A "communit								
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 hotels.	nmunities within unincorporated areas and including single, twill serve as a form of system identification hereafter known							
Area Served	identified city.								
	CITY OR TOWN	STATE							
First	Balaton	MN							
Community									
Add Rows as Necessary									
		0.0000							

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 452

Midcontinent Communications

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.

BL	BLOCK 1 BLOCK 2				
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	75	19.95	Business Accounts	5	19.95
Service to additional set(s)			High Def Converter	6	16.00
• FM radio (if separate rate)			Nursing Homes	48	8.00
Motel, hotel					
Commercial	2	61.95			
Converter	61	4.00			
Residential					
Non-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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	16.00	Motel, hotel	50.00	Digital 1	12.00
• Pay cable—add'l channel		Commercial	50.00	Cinemax	16.00
Fire protection		• Pay cable		Showtime	16.00
•Burglar protection		Pay cable-add'l channel		Starz!&Encore	16.00
Installation: Residential		Fire protection			
First set	50.00	Burglar protection			
Additional set(s)	25.00	Other services:			
• FM radio (if separate rate)		Reconnect	75.00		
Converter		Disconnect	-		
		 Outlet relocation 	25.00		
		Move to new address	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

452

Midcontinent Communications

Primary Transmitters: Television

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 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
KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
KELO-DT	11	N	SIOUX FALLS, SD (CBS)
KMSP-DT	9	l	MINNEAPOLIS, MN (FOX)
KSTP-DT	35	N	ST PAUL, MN (ABC)
KSFY-DT	13	N	SIOUX FALLS, SD (ABC)
KWCM-DT	10	E	APPLETON, MN (PBS)
WCCO-DT	32	N	MINNEAPOLIS, MN (CBS)
WFTC-DT	29	<u> </u>	MINNEAPOLIS, MN (MNT)
WUCW-DT	22	<u>l</u>	MINNEAPOLIS, MN (CW)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications

452

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
3				5 5. 5. 5. 1		_,_	
							

EQ18/2 EGAL NAME OF OWNER OF MIDDINGROUNDER OF MIDINGROUNDER	ications E: SPECIA					FOR	M SA1-2E. PAGE 5. SYSTEM ID# 452
SUBSTITUTE CARRIAGE 1 General: In space I, identi 1 ubstitute basis during the a	E: SPECIA	N. OTATEME					452
n General: In space I, identi ubstitute basis during the a	_	NI OTATEME					
og in block 2. LOG OF SUBSTITUTE of General: List each subst lear. If you need more spa Column 1: Give the title eriod, was broadcast by a nder certain FCC rules, re to not use general categor NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad ne case of Mexican or Can Column 5: Give the mor rst. Example: for May 7 give Column 6: State the time of the nearest five minutes. tated as "6:00–6:30 p.m." Column 7: Enter the letter	r CONCER iod, did you tion? ", leave the PROGRA titute progra distant stat gulations, of ies like "mo Bulls." m was broa- sign of the adcast stati haddan stati haddan stati eadian stati eadian stati addan st	eriod, under specific program carrier work televineriod, under specific process to enclose the included expectation and separated additional content of the included expectation and that your authorization broadd content in the included expectation in the	ision program, broadcast by becific present and former F in this log, see page (v) of the triple of	a distant state CC rules, regine general instant sizes, any nonres "Yes," you res wherever possible for the program") the defor the program titles, for each station is like a station is like a program. Using the companion of the program of the pr	ulations, ostructions is tructions is tructions is tructions in the tructions is tructions. It is the content of the tructions for further tructions for further tructions for further tructions. It is the content of the tructions for further tructions for further tructions for further tructions. It is the content of tructions for further tructions for further tructions for further tructions.	rauthorization the paper S levision programmer yes plevision programmer yes plevision programmer yes plevision programmer yes plevision programmer yes their meaning go the account go of another s go the account go fanother s go the account go fanother s go the account go the	ns. For a further A1-2 form. Tam X NO gram g is station tion. or in month ately
ffect on October 19, 1976.			1	WHE	N SUBST	TITUTE CURRED	7. REASON FOR DELETION
ne en o	g in block 2. LOG OF SUBSTITUTE General: List each substiger. If you need more spacer. If you need not use general categor if the program is	g in block 2. LOG OF SUBSTITUTE PROGRA General: List each substitute progra ear. If you need more space, please Column 1: Give the title of every no eriod, was broadcast by a distant sta inder certain FCC rules, regulations, of not use general categories like "mo IBA Basketball: 76ers vs. Bulls." Column 2: If the program was broa Column 3: Give the call sign of the Column 4: Give the broadcast stati e case of Mexican or Canadian static Column 5: Give the month and day sts. Example: for May 7 give "5/7." Column 6: State the times when the the nearest five minutes. Example: a tated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the delete under FCC rules and regulat as substituted for programming that fect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	LOG OF SUBSTITUTE PROGRAMS General: List each substitute program on a separ ear. If you need more space, please add additiona Column 1: Give the title of every nonnetwork tele eriod, was broadcast by a distant station and that y der certain FCC rules, regulations, or authorization on the use general categories like "movies" or "bask IBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadch Column 4: Give the broadcast station's location (expected of the station of the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systs. Example: for May 7 give "5/7." Column 6: State the times when the substitute protein the nearest five minutes. Example: a program car ated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program delete under FCC rules and regulations in effect of as substituted for programming that your system we fect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	LOG OF SUBSTITUTE PROGRAMS General: List each substitute program on a separate line. Use abbreviations ear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program was broadcast by a distant station and that your cable system substitute derectain FCC rules, regulations, or authorizations. See page (v) of the general use general categories like "movies" or "basketball." List specific program IBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program of the substitute program of the substitute program of 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 st. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your the nearest five minutes. Example: a program carried by a system from 6:01 ated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program as substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period as substituted for programming that your system was permitted to delete under fect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	LOG OF SUBSTITUTE PROGRAMS General: List each substitute program on a separate line. Use abbreviations wherever potent. 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 riod, was broadcast by a distant station and that your cable system substituted for the program certain FCC rules, regulations, or authorizations. See page (v) of the general instruction not use general categories like "movies" or "basketball." List specific program titles, for each IBA 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 like e case of Mexican or Canadian stations, if any, the community with which the station is like e case of Mexican or Canadian stations, if any, the community with which the station is like e case of Mexican or Canadian stations, if any, the community with which the station is like e case of Mexican or Canadian stations, if any, the community with which the station is like e case of Mexican or Canadian stations, if any, the community with which the station is like e case of Mexican or Canadian stations, if any, the community with which the station is like e case of Mexican or Canadian stations, if any, the community with which the station is like e case of Mexican or Canadian stations, if any, the community with which the station is like e case of Mexican or Canadian stations is any, the community with which the station is like e case of Mexican or Canadian stations is any, the community with which the station is like e case of Mexican or Canadian stations, if any, the community with which the station is like e case of Mexican or Canadian stations in any the community with which the station is like e case of Mexican or Canadian stations in the case of Mexican or Canadian station	LOG OF SUBSTITUTE PROGRAMS General: List each substitute program on a separate line. Use abbreviations wherever possible, if ear. 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 eriod, was broadcast by a distant station and that your cable system substituted for the programmin der certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fure not use general categories like "movies" or "basketball." List specific program titles, for example, "IBA 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 e 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 numeral st. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.r. ated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system as substituted for programming that your system as substituted for programming that your system as substituted for programming that your system was permitted to delete under FCC rules and regulation of the condition of the conditio	Column 1: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No." Column 2: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station and that your cable system substituted for the programming of another state on the general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" IBA 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, e 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 nst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurate 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 ated 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 by the foliations in effect during the accounting period; enter the letter "P" if the listed program substituted for programming that your system was permitted to delete under FCC rules and regulations in fect on October 19, 1976. UHEN SUBSTITUTE SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	S	STEM ID# 452				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, see	,446.38 ss receipts)				
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 \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.						
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS						
	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	this six-mon					
	Line 1. Royalty fee for accounting period	. \$	52.00				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,		02.00				
	1. Base amount under statutory formula	,					
	2. Enter amount of gross receipts from space K	=					
	3. Subtract line 2 from line 1	-					
	Substact line 2 from line 1 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)	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6						
	FILING FEE AND TOTAL REMITTANCE DUE						
	FILING FEE AND TOTAL NEWHTANGE DUE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00				
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		nts!				

Accounting Period:	: 2018/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 452
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.	
	Enter the total number of channels on which the cable system carried television broadcast stations	9
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	160
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 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	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or	dentified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the of in line 1 of space B.	cable system
	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)]	
	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: February 20, 2019	

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unting Period: 2018/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
continent Communications	452
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served	

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.