This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
8/20/2019	\$							
	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	ACC	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
		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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	<u> </u>	Vermillion, 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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2019/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Midcontinent Communications	39621
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo 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 mobil	communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Vermillion	MN
Community	Cannon Falls Township	MN
	Coates	MN
Add Rows as Necessary	Hampton	MN
	Hampton Township	MN
	Marshan Township	MN
	Nininger Township	MN
	Randolph	MN
	Randolph Township	MN
	Ravenna Township	MN
	Stanton Township	MN
	Vermillion Township	MN
	Rosemount	MN
	Wanamingo	MN

Accounting Period: 2019/1

FORM SA1-2E PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 39621

Midcontinent Communications

Ε

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	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	788	22.95	Business Accounts	18	72.95		
 Service to additional set(s) 			High Def Converter	268	8.00		
• FM radio (if separate rate)			Nursing Homes	9	15.00		
Motel, hotel							
Commercial	12	72.95					
Converter	1,019	3.00					
Residential							
Non-residential							
	[T		1			

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	RAT
Continuing Services:		Installation: Non-residential			
 Pay cable 	16.00	Motel, hotel	50.00	Digital 1	10.
 Pay cable—add'l channel 		Commercial	50.00	Digital Variety	3.
 Fire protection 		Pay cable		Dig Sports & Vareity	9.
Burglar protection		Pay cable-add'l channel		Starz!&Encore	16
Installation: Residential		Fire protection		Cinemax	16
First set	35.00	Burglar protection		TMC	16
 Additional set(s) 	25.00	Other services:		Digital Espanol	4.
 FM radio (if separate rate) 		Reconnect	75.00		
 Converter 		Disconnect	-		
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 39621

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 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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KARE-DT 11 Ν MINNEAPOLIS, MN (NBC) KARE-DT3 11.3 I-M MINNEAPOLIS, MN (TJN) 30 ı **MINNEAPOLIS, MN (IND-45)** KSTC-DT 30.3 I-M KSTC-DT3 MINNEAPOLIS, MN (ME TV) KSTC-DT4 30.4 I-M MINNEAPOLIS, MN(ANTENNA) I-M KSTC-DT6 30.6 MINNEAPOLIS, MN(THIS TV) 9 ı KMSP-DT MINNEAPOLIS, MN (FOX) KMSP-DT4 9.4 I-M MINNEAPOLIS, MN (BUZZR) Ν KSTP-DT 35 ST PAUL, MN (ABC) KSTP-DT7 35.7 I-M ST PAUL, MN (HEROES) KTCA-DT 34 Ε ST PAUL, MN (PBS) ST PAUL, MN (PBS TPT KIDS HD) E-M KTCA-DT3 34.3 KTCA-DT4 34.4 E-M ST PAUL, MN (PBS TPT NOW HD) KTCI-DT3 23.3 E-M ST PAUL, MN (PBS TPT LIFE) 23.6 E-M KTCI-DT6 ST PAUL, MN (PBS TPT MN) Ν WCCO-DT 32 MINNEAPOLIS, MN (CBS) WCCO-DT2 32.2 I-M MINNEAPOLIS, MN (StartTV) 29 ı WFTC-DT **MINNEAPOLIS, MN (MNT)** I-M 29.4 **MINNEAPOLIS, MN (MOVIES)** WFTC-DT4 **WUCW-DT** 22 MINNEAPOLIS, MN (CW) WUCW-DT2 23.2 I-M **MINNEAPOLIS, MN (COMET)** WUCW-DT3 23.3 I-M **MINNEAPOLIS, MN (CHARGE)** WUCW-DT4 23.4 I-M MINNEAPOLIS, MN (TBD TV) KARE-DT4 11.4 I-M **MINNEAPOLIS, MN (QUEST)**

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Midcontinent Communications

39621

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 Period: 2019/1 FORM SA1-2E. PAG									
		ГЕМ:					SYSTEM ID# 39621		
In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant state	fy every nor ecounting peng that must CONCER od, did you ion?	nnetwork televis eriod, under spe et be included in ENING SUBST r cable system	sion program, broadcast ecific present and former this log, see page (v) of FITUTE CARRIAGE carry, on a substitute ba	by a distant st FCC rules, reg the general ins asis, any nonr	ulations, or a tructions in t etwork telev	authorizations the paper SA1 vision progran YES	For a further -2 form.		
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
S 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONT	RIAGE OCO	CURRED TIMES	7. REASON FOR DELETION		
	Midcontinent Commun SUBSTITUTE CARRIAGE In General: In space I, identification in the programmi 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, region on to use general categori "NBA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the call second in the case of Mexican or Canal Column 4: Give the broat the case of Mexican or Canal Column 5: Give the monifirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	Midcontinent Communications SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every no period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast static the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulatic was substituted for programming that y effect on October 19, 1976.	Midcontinent Communications SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE PROGRAMS • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this paging in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate clear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televen period, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadcated Column 4: Give the broadcast station's location (If the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systimst. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carriestated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect duwas substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute bit broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer it log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progr "NBA 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 prog Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which th Column 6: Sieve the month and day when your system carried the substitut first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peri- was substituted for programming that your system was permitted to delete un- effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sts substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you n log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever pc clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the rule cunder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on to use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: Tõers 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 lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations is necessary to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m." Column 5: Give the month and day when your system carried by pour cable system to the nearest five minutes. Example: a program was substituted for programming that to delete unde	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis and instructions in the substitute basis and programming that must be included in this log, see page (v) of the general instructions in the substitute programming that must be included in this log, see page (v) of the general instructions in the substitute of the programming that must be included in this log, see page (v) of the general instructions in the substitute of the programming that program or a substitute basis, any nonnetwork televity broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming ounder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the call sign of the station broadcasting the substitute program. Use numerals first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the tit to the nearest five minutes. Example: a program c	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syste substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prograr broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another statunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. 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• •	LEGAL NAME	OF OWNER OF CAR	BLE SYSTEM:								5	YSTEM II
Name	Midcontii	nent Commu	nications									3962
K Gross Receipts	all amounts (as identifie page (vii) o Gross	ns: The figure your solutions (gross receipts ed in space E) do not the general instruction succeipts from succ	s) paid to yo uring the ac structions lo ubscribers fo	ur cable sys counting per cated in the or secondary	tem by s riod. For paper Sa y transmi	ubscribers a further e A1-2 form. ssion servi	for the xplanat ce(s)	system's	s secondary ow to compu	transn te this	nission servi amount, see	ce :
		the accounting NT: You must co									\$ 18 (Amount of gr	0,989.40 ross receipts)
L Copyright Royalty Fee	Instructions: Complete buse block for Use bl	T ROYALTY FE: To compute the block 1, block 2, 1 if the amount c2 if the amount c3 if the general insoft the	e royalty fee or block 3. of gross reco of gross reco of gross reco	eipts in space eipts in space eipts in space	ce K is m	ore than \$1 ore than \$2	37,100 263,800	but less	than \$527,6		263,800	
			BL	OCK 1: GR	OSS RE	CEIPTS O	F \$137	7,100 OI	RLESS			
		: As a cable system period is \$52.00	em with gros	s receipts of	f \$137,10	0 or less, th	e royalt	y fee tha	t you must pa	ay for tl	his six-month	
	Line 1. Roya	alty fee for accou	ınting period									
	Line 2. Inter	rest charge. Ente	er the amour	nt from line 4	, space C), page 8						0.00
	Line 3. TOT	AL ROYALTY F	EE PAYABI	LE FOR ACC	COUNTIN	IG PERIOD	Add lir	nes 1 and	12			
				SS RECEIP							-	
	1. Base amo	ount under statut	ory formula					\$	263,800	.00		
	2. Enter am	ount of gross red	eipts from s	pace K			<u>.</u>	\$	180,989	.40		
	3. Subtract	line 2 from line 1					_	\$	82,810	.60		
	4. Enter the	amount of gross	receipts fro	m space K .					\$	18	30,989.40	
	5. Enter the	amount from line	e 3						\$	8	32,810.60	
	6. Subtract	line 5 from line 4							\$	9	98,178.80	
	7. Multiply li	ine 6 by .005 (en	ter figure he	re)							\$	490.89
	8. Interest c	charge. Enter the	amount from	m line 4, spa	ce Q, pag	ge 8				· · · · <u> </u>		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									490.89		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)											
	1. Enter the	amount of gross	receipts fro	m space K .								
	2. Base amo	ount under statut	ory formula					\$	263,800	0.00		
		line 2 from line 1					_					
	4. Multiply li	ine 3 by .01										
	5. Royalty d	lue on the first \$2	263,800 of g	ross receipts	(under s	tatutory forn	nula)		\$		1,319.00	
	6. Interest c	charge. Enter the	amount from	m line 4, spa	ce Q, pag	ge 8					0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6											
	<u> </u>		FILING	FEE AND T	OTAL R	EMITTAN	CE DU	E				
Filing Fee and Fotal Remittance	1. Royalty F	ee Payable for A	Accounting P	eriod (from E	Block 1, 2	, or 3, abov	e)		\$		490.89	
Due	2. Filing Fee	e (See the instruc	ctions for mo	re informatio	on on filing	g fee calcula	ations)		\$		20.00	
	3. TOTAL A	AMOUNT DUE F	OR ACCOU	NTING PERI	IOD. Add	d lines 2 an	d 3				\$	510.89
	Impo	ortant: Your rer	nittance mu	ıst be in the	form of	an electron	ic payı	nent pay	able to the	Regist	er of Copyri	ghts!
	1		age i of the							_		

SYSTEM IDA spications give (1) the number of channels on which the cable system carried television broadcast stations the cable system's total number of activated channels during the accounting period. of channels on which the cable the broadcast stations of activated channels em carried television broadcast stations ces 366
the cable system's total number of activated channels during the accounting period. of channels on which the cable n broadcast stations
ITACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom statement of account.)
e Haakenstad Telephone 952-844-2622
Minnesota Drive, STE 700 , street, rural route, apartment, or suite number) 1, MN 55435 m, state, zip)
wynne.haakenstad@midco.com Fax (optional)
tement of account must be certified and signed in accordance with Copyright Office regulations) or certify that (Check one, but only one, of the boxes.) nan corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or or other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified pace B and that the owner is not a corporation or partnership; or oner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system pace B. ment of account and hereby declare under penalty of law that all statements of fact contained herein rect to the best of my knowledge, information, and belief, and are made in good faith. 986]] 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)
recretify that (Check one, but only one, of the boxes.) nan corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or r other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified pace B and that the owner is not a corporation or partnership, or there I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system pace B. ment of account and hereby declare under penalty of law that all statements of fact contained herein rect to the best of my knowledge, information, and belief, and are made in good faith. 2

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
idcontinent Communications	39621
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."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	ann
	ann ann
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
x	-
	_
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 \$	
(interest charge)	
* 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	
Address	
ID number	
First community served Accounting period	A110
, location g portor	

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.