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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located	8/28/2019	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A ACCOUNTING PERIOD COVE	RED BY THIS STATEMENT: (Y	YYY/(Period))	

	ACCC	JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1         Period 1 = January 1 - June 30         Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		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.	62944
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		North Dakota Telephone Company	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 180	
		(Number, street, rural route, apartment, or suite number)	
		Devils Lake, ND 58301 (City, town, state, zip)	
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in the system of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	•		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	North Dakota Telephone Company	629
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter kno
	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 h	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Devils Lake	ND
Community	Tolna	ND
	McVille-Pekin	ND
d Rows as Necessary	Harvey	ND
nows as necessary	Leeds	ND
	New Rockford	ND
	Rugby	ND
	Knox	ND
	Minnewaukan	ND
	Sheyenne	ND
	Drake	ND
	Penn	ND
	Crary	ND
	Maddock	ND
	Balta	ND
	Esmond	ND
	Fessenden	ND
	Cando	ND
	Starkweather	ND
	Webster	ND
	Hampden	ND
	Anamoose	ND
	Oberon	ND
	Fort Totten	ND
	York	ND
	Warwick	ND

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	6294
	North Dakota Telephone	Company							0204
Е	SECONDARY TRANSMISSION								
	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period					must be			
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv							cnarged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				andard rate	e variation	s within a p	particular rate	
	category, but do not include disc				accorder	( transmin		a that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					e count ur	ider "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system I					e that are	different f	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	e right-hand	block. A two- or	three-wor	d descript	ion of the s	ervice is	
	sufficient.							( )	
	BLU	OCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATEGO	RY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		3,001	29.95					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES					
Е	In General: Space F calls for rat				to all your	cable sys	tem's serv	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							-	
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERVICE	F	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation	n: Non-resident	ial				
	Pay cable	29.95	Motel, I	notel			Limited	ł	46.9
	<ul> <li>Pay cable—add'l channel</li> </ul>		Comme	ercial			Comple	ete	100.9
	<ul> <li>Fire protection</li> </ul>		<ul> <li>Pay cal</li> </ul>	ble			DVR		7.9
	<ul> <li>Burglar protection</li> </ul>			ole-add'l channe					
	Installation: Residential		<ul> <li>Fire pro</li> </ul>						
	• First set	38.00		protection					
	Additional set(s)		Other serv						
	FM radio (if separate rate)		Reconr			38.00			
	Converter		<ul> <li>Disconi</li> </ul>	nect					
			<b>•</b> •• •	1 <i>C</i>					
				elocation o new address		38.00			

ounting Period:	2019/1				1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SY	STEM ID
	North Dakota Telepho				6294
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an <b>Substitute Basis Stations</b> basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and all see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form.	-time basis under rams [sections rations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATIO	DN
	cw	2	E	FARGO, ND	
	METV	3	N	FARGO, ND	
Rows as Necessary	KRDK	4	<u>I</u>	FARGO, ND	
nons as necessary	WDAY	6	N	FARGO, ND	
	KVLYDT2	7	Ν	FARGO, ND	
	WDAZ	8	N	GRAND FORKS, ND	
	KNRR	9	N	FARGO, ND	
	КМОТ	10	N	MINOT, ND	
	KVLYDT1	11	N	FARGO, ND	
	KXND	12	Ν	MINOT, ND	
	КХМС	13	Ν	MINOT, ND	
	KMCY	14	Ν	MINOT, ND	
	KGFE	15	Ν	GRAND FORKS, ND	
	COZITV	404	l	FARGO, ND	
	WDAYDT2	408	N	FARGO, ND	
	KVRRDT2	409	Ν	FARGO, ND	
	KGFEDT2	415	E	GRAND FORKS, ND	
	KFGFEDT3	416	E	GRAND FORKS, ND	
	HEROES & ICONS	424	l	MINOT, ND	
		·			

Accounting F							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
North Dakot	a Telephor	ie Com	ipany					62944
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf	) it is carried b monitoring, to ormation abou rm. dentify the call State whether if f the radio stat	y the sys be recein at the Co sign of the static ion's sig	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during c ge (v) of the g	?) it can ertain st eneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
Column 4: C	Give the station	n's locati	on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/1						FORM SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	North Dakota Telepho	ne Compa	any				62944
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LOO	G		
I	In General: In space I, ident substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN	T CONCER		ITUTE CARRIAGE			
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television pr	ogram
Statement and Program Log	broadcast by a distant sta	tion?			-	V	
Program Log	,		waat of this was	a blank. If your analysis "	·/ "		
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	st complete the p	rogram
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their mear	nina is
	clear. If you need more spa						ing io
				sion program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles. for exa	ample. "I Love Luc	cv" or
	"NBA Basketball: 76ers vs.				,	F - ,	, , , , , , , , , , , , , , , , , , ,
				r "Yes." Otherwise enter "N			
				sting the substitute progra the community to which the		used by the ECC.	or in
	the case of Mexican or Can						
	Column 5: Give the mor	nth and day		tem carried the substitute p			e month
	first. Example: for May 7 giv		aubatituta pro	arom was carried by your a	able avetem	List the times as	auratoly
	to the nearest five minutes.			gram was carried by your o ed by a system from 6:01:1			
	stated as "6:00–6:30 p.m."	Example. c	i program oann		io p.ini. to 0.2		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						program
	effect on October 19, 1976.		our system wa		i i co iules a		
					<u></u>		
	s	UBSTITUT	E PROGRAM	I		N SUBSTITUTE AGE OCCURRE	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO

Accounting Period:	2019/1	Image: Second ting Period: 2019/1     FORM SA1-2E. PAGE 6.       Image: Image: System in the system:     System in the system:		
Name				
	North Dakota Telephone Company	62944		
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service		
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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	63,800		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00			
	Line 1. Royalty fee for accounting period	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 \$137,10			
	1. Base amount under statutory formula \$ 263,800.00			
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)		
	1. Enter the amount of gross receipts from space K \$ 506,287.75			
	2. Base amount under statutory formula \$ 263,800.00			
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01	2,424.88		
	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	\$ 3,743.88		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,743.88		
	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00		
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,763.88		
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m			

Accounting Period:	2019/1								FORM	SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF O North Dakota Telephone									SYSTEM ID# 62944
<b>M</b> Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the 1. Enter the total number of a system carried television bu 2. Enter the total number of a on which the cable system and nonbroadcast services	e cable system's to channels on which roadcast stations . activated channels carried television t	total numb h the cable s broadcas	nber of ac	tivated chann	els during the	e acc	counting period.	19 411	
N Individual to	INDIVIDUAL TO BE CONTA we can contact about this sta	ACTED IF FURTHI	IER INFO				ı indi	ividual to whom		
Be Contacted for Further Information	Name SHAWN	IA SENGER						Telephon	e 701-662-1100	
	(Number, str	ID ST NW eet, rural route, apartm LAKE, ND 58		uite number	r)					
	Email	SHAWNAS@NE	DTEL.CO	СОМ				Fax (optional) 701-662-6	146	
O Certification	(Agent of owner o in line 1 of space	ertify that (Check on a corporation or part ther than corporat and that the over r) I am an officer (if as B. Int of account and h t to the best of my k b)]	ne, but only artnership ation or pa winer is no f a corpora hereby dec knowledge	nly one, of ip) I am the partnership ot a corporation) or ration) or eclare unc ge, inform /s/ S	f the boxes.) he owner of the ip) I am the du pration or partr a partner (if a p der penalty of I lation, and beli Shawna Ser ic signature on	e cable system ly authorized a lership; or partnership) of aw that all state ef, and are ma	n as i agen f the teme ade in	identified in line 1 of space at of the owner of the cable legal entity identified as ow ents of fact contained hereir in good faith.	B; or system as identified ner of the cable system	
		Typed or printed Title: (Title of of	CHIEF	F FINA	WNA SEN NCIAL OF	FICER				
		Date:						08/28/2019		

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unting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
th Dakota Telephone Company	6294
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> </ul>	Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for 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.	<sup>t.</sup> Q
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
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