This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/29/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
			-

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20191 Barcode Data Filing Period (optional - see instructions)	
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.	63227
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CITY OF MONTICELLO	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		FIBERNET MONTICELLO	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		505 WALNUT ST STE 1 (Number, street, rural route, apartment, or suite number)	
		MONTICELLO, MN 55362-8831 (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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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)	
[

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. PAGE 1b SYSTEM ID#
Name	CITY OF MONTICELLO	63227
D	Instructions: List each separate community served by the cable system. A "o "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	community" is the same as a "community unit" as defined in FCC rules: wrated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known ilings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	MONTICELLO	MN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	CITY OF MONTICELLO								6322
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block	pace E should on of television ay cable) in space (June 30 or De blocks in space transmission s umber of billing ice at the rate in harged for each (Example: "\$2 ounts allowed f	cover al and rad ace F, n ecembe ce E call service. s in that ndicated n catego 0/mth"). or adva	I categories of io broadcasts to ot here. All the r 31, as the cas for the numbe In general, you category (the d—not the num bry of service. In Summarize ar nce payment.	secondary by your sy- facts you se may be r of subsc a can com number of ber of sets nclude bo ny standar	stem to subscril state must be t). ribers to the cat pute the numbe f persons or org s receiving serv th the amount o rd rate variations	bers. Give hose existi ole system r of subscr anizations ice). f the charg s within a p	information ng on the , broken ribers in charged e and the particular rate	
	systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	to their subscr Where an inc should be coun ble service to a nce again unde nas rate catego ers of services nd rates, in the	ibers. G lividual ted as a additiona er "Serv ries for that inc	Sive the numbe or organization a subscriber in al sets would be ice to additiona secondary tran lude one or mo	r of subsc is receivin each appl e included l set(s)." smission ore second	ribers and rate in ng service that f icable category in the count un service that are dary transmissic	or each lis alls under Example: der "Servio different fr ns), list the on of the s	ted category different a residential te to the rom those em, together ervice is	
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		379	38.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)			~~~~					
	Motel, hotel		52	38.95					
	Commercial								
	Converter Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib- nose services ti e two exceptior or facilities furn it in which it is rate column. e charged by th your cable sys separate charge	er) infor hat are ished to usually ne cable tem furr e was m	mation with res not offered in c do not need to nonsubscriber billed. If any ra system for each nished or offere- nade or establis	spect to al ombinatio give rate i rs. Rate in tes are ch ch of the a rd during t	n with any seco nformation com formation shoul arged on a varia applicable servio he accounting p	ndary tran cerning (1) d include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	14.95		el, hotel	uential		PAY C	ABLE	19.
	Pay cable—add'l channel			nmercial			PAY C		14.9
	• Fire protection			cable			PAY C		13.9
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set	29.00		glar protection					
	 Additional set(s) 			ervices:					
	• FM radio (if separate rate)			connect		29.00			
	Converter			connect		40.00			
				let relocation /e to new addre	200	40.00 29.00			

				FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM I
	CITY OF MONTICELI			632
G rimary asmitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute Basis Station basis under specific FCC f • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by end (for independent multicast For the meaning of these to Column 4: Give the locati	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep rision station for broadcasting ove tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r 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 STATION
	КТСА	2	E	MINNEAPOLIS, MN
	wcco	4	• •	
	WCCO	4	N	MINNEAPOLIS, MN
ws as Necessary	KSTP	5	N N	MINNEAPOLIS, MN ST PAUL, MN
/s as Necessary				
as Necessary	KSTP	5	N	ST PAUL, MN
as Necessary	KSTP KMSP	5 9	N N	ST PAUL, MN MINNEAPOLIS, MN
as Necessary	KSTP KMSP KARE	5 9 11	N N N	ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
as Necessary	KSTP KMSP KARE KPXM	5 9 11 41	N N N	ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
is Necessary	KSTP KMSP KARE KPXM WUCW	5 9 11 41 23	N N N	ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
as Necessary	KSTP KMSP KARE KPXM WUCW KSTC	5 9 11 41 23 45	N N I I I	ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
as Necessary	KSTP KMSP KARE KPXM WUCW KSTC KTCI	5 9 11 41 23 45 2.3	N N N I I I I E	ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
5 as Necessary	KSTP KMSP KARE KPXM WUCW KSTC KTCI KARE-2	5 9 11 41 23 45 2.3 11.2	N N N I I I I E I-M	ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
as Necessary	KSTP KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4	5 9 11 41 23 45 2.3 11.2 2.4	N N N I I I E I-M E-M	ST PAUL, MN MINNEAPOLIS, MN
s as Necessary	KSTP KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4 WFTC	5 9 11 41 23 45 2.3 11.2 2.4 29	N N N I I I I E E I-M E-M I	ST PAUL, MN MINNEAPOLIS, MN
is as Necessary	KSTP KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4 WFTC KSTC-3	5 9 11 41 23 45 2.3 11.2 2.4 29 45.3	N N N 1 1 1 1 1 1 1 5 6 1 M E-M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ST PAUL, MN MINNEAPOLIS, MN
s as Necessary	KSTP KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4 WFTC KSTC-3 KSTC-4	5 9 11 41 23 45 2.3 11.2 2.4 29 45.3 45.4	N N N I I I E I-M E-M I I I I I I I I I I I I I I I I I I I	ST PAUL, MN MINNEAPOLIS, MN
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ws as Necessary	KSTP KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4 WFTC KSTC-3 KSTC-4 KSTC-4 KSTP-7 KSTC-6	5 9 11 41 23 45 2.3 11.2 2.4 29 45.3 45.4 5.7 5.6	N N N 1 1 1 1 E E I-M E-M 1 1 1 1 M 1-M 1-M 1-M	ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN ST PAUL, MN
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ws as Necessary	KSTP KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4 WFTC KSTC-3 KSTC-4 KSTC-4 KSTP-7 KSTC-6	5 9 11 41 23 45 2.3 11.2 2.4 29 45.3 45.4 5.7 5.6	N N N 1 1 1 1 E E I-M E-M 1 1 1 1 M 1-M 1-M 1-M	ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN ST PAUL, MN
ws as Necessary	KSTP KMSP KARE KPXM WUCW KSTC KTCI KARE-2 KTCA-4 WFTC KSTC-3 KSTC-4 KSTC-4 KSTP-7 KSTC-6	5 9 11 41 23 45 2.3 11.2 2.4 29 45.3 45.4 5.7 5.6	N N N 1 1 1 1 E E I-M E-M 1 1 1 1 M 1-M 1-M 1-M	ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN ST PAUL, MN

EGAL NAME OF			/STEM:					SYSTEM I 632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a chech n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		1						

Name CHI Yop F MONTICELLO SYSTEM UP SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOO 63227 I In Generati: In space L lotently usery nonsexux therivation program. Tomotaskit by a disker staten, that your cable system carries on a space of the programming that accounting previous, during specifor queries and tomore FCO tales, regulations, for a turber explanation of the programming that must be included in this tog, see page (y) of the general instructions in the page SA1-2 form. Substitute SPECIAL STATEMENT CONCENTIONS SUBSTITUTE CARRIAGE Program Log Yep (X) have the real of this page blank. If your answer is "Yes," you must complete the program toget the program of the	Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
CITY OF MONTICELLO 633227 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 system carried on a substitute basis during the accounting period, under special for present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. Substitute Displanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. Substitute basis during the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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 with five roy 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 "NABA Basketball. "Rev is "Uberwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the condast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or			CABLE SYS	TEM:					SYSTEM ID#
In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be includeed in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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, sorgam. ("BustStitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the program") that, during the accounting period, was broadcast by a distant station. Sorgam. ("BustStitute program ") that, during the accounting period, was broadcast by a distant station and the station for the program") that, during the accounting period, was broadcast by a distant station. If we need the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the state and side of the side operam. Column 6: State the times when the substitute program was 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	Name	CITY OF MONTICELLC)						63227
In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be includeed in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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, sorgam. ("BustStitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the program") that, during the accounting period, was broadcast by a distant station. Sorgam. ("BustStitute program ") that, during the accounting period, was broadcast by a distant station and the station for the program") that, during the accounting period, was broadcast by a distant station. If we need the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the state and side of the side operam. Column 6: State the times when the substitute program was 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		SUBSTITUTE CARRIAGE	E: SPECIA			3			
Substitute substitute basis during the accounting period, under specific present and former FCC fules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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 program 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 aned more space, please add additional rows to the tables. Column 1: Give the file of every nonnetwork television program "substitute for the programming of another station under cartin FCC rules, regulations, 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." Teers vs. Bulls." Column 3: Give the call sign of the station stored cast give the station is identified). Column 3: Give the call sign of the station stored cast give more arried by your cable system. List the times accurately to the the ease of Mexican or Canadian stations, if any, the community with which the station is identified). Column 4: Give the month and day when your system carried by your cable system. List the times accurately to the dearest five minutes. Example: a program carried by a system from 60:11:5 pm. to 6:28	I I						ion. that vou	ır cable svste	m carried on a
Carriage: Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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: T6ers 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 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Give the month and day when your system carried the substitute program. 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 was substituted for programming that	-	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or au	uthorizations.	For a further
Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • Yes × No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOC 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. Column 1: Give the call sign of the station broadcasting the substitute program. 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, in the case of Mexican or Canadian stations, if any, the community with 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 licensed by the FCC or, in the case of Mexican or Canadian stations is location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations and they was 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 3: Give the heatere TR" if the listed program was substitute						general instr	uctions in th	e paper SA1	-2 form.
Statement and Program Log During the decoding period, but you cable system carry, on a substitute basis, but not not not not not not not not not no	-								
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Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 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 \$137,100) 1. Base amount under statutory formula 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K		 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 	\$263,800		
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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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space K. 2. Base amount under statutory formula \$ 263,800.00 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 0.000 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 . <td colsp<="" th=""><th></th><th>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,</th><th>100)</th><th></th></td>	<th></th> <th>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,</th> <th>100)</th> <th></th>		BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
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9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		7. Multiply line 6 by .005 (enter figure here)			
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6. Interest charge. Enter the amount from line 4, space Q, page 8		4. Multiply line 3 by .01			
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		3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00	
				hts!	

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	F OWNER OF CABLE SYSTEM: NTICELLO	SYSTEM ID# 63227
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ed television broadcast stations	17 329
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Joel Smith Telephone 218.3	46.8270
	Address	150 2ND ST SW (Number, street, rural route, apartment, or suite number) PERHAM, MN 56573 (City, town, state, zip)	
	Email	joel.smith@arvig.com Fax (optional)	
O Certification	I, the undersig (Ow X (Age (off (off) I have examin are true, compl	Image: No (This statement of account must be certified and signed in accordance with Copyright Office regulations) Image: Statement of account must be certified and signed in accordance with Copyright Office regulations) Image: Statement of account and partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Item 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: JOEL SMITH	
		Title: MANAGER OF VIDEO OPERATIONS (Title of official position held in corporation or partnership)	
		Date: August 29, 2019	

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

unting Period: 2019/1	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Y OF MONTICELLO	632
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclus scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 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 transmismade by satellite carriers to satellite dish owners?	asic de sub- 19." Concerning Gross Receipts Exclusio
X NO 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 underpar For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f	form.
	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f	
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