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	FOR COPYRIGHT OFFICE USE ONLY		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.	
General instructions are located in the first tab of this workbook	2/24/2021	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))		

A	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional - see instructions)	
Accounting Period		
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner	List any other name or names under which the owner conducts the business of the cable system.	
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	FT RANDALL CABLE SYSTEMS INC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	_
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	1104 19TH AVE SW #B	
	(Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201	
	(City, town, state, zip)	_
С	ISTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite, number)	
	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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	FT RANDALL CABLE SYSTEMS INC	5215
D Area Served	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	unities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	COMFREY	MN
Community		
Add Rows as Necessary		

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	FT RANDALL CABLE SYSTEMS INC								STEM ID 521		
E	SECONDARY TRANSMISSION In General: The information in s			-		transmission s	ervice of	the cable			
	system, that is, the retransmission										
Secondary	about other services (including p						iose exis	ting on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						lo svetor	, brokon			
scribers and		•									
Rates	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 serv										
	Rate: Give the standard rate c unit in which it is generally billed.										
	category, but do not include disc				Stanuart		wiunn a	particular rate			
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categorie							
	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	nce again unde	er "Servio	e to additional	set(s)."						
	Block 2: If your cable system I										
	printed in block 1 (for example, ti with the number of subscribers a										
	sufficient.		rigint-na	nd block. A two				Sel VICE IS			
	BL	DCK 1					BLOO	-			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		23	77.15							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES							
F	In General: Space F calls for rat										
Г	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 rate charged by the cable system for each of the applicable services listed.										
Rates	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	CATEG	ORY OF SERV	ICE	RATE	CATE	GORY OF SERVIC	E RATI		
	Continuing Services:		Installa	tion: Non-resid	dential						
	• Pay cable	10.95	1	el, hotel							
	Pay cable—add'l channel	12.00	1	nmercial							
	Fire protection		1 1	cable							
	•Burglar protection		1 1	cable-add'l cha	innel						
	Installation: Residential			protection							
	• First set	20.00	1 7	lar protection							
	• Additional set(s)		1	ervices:		00.00					
	• FM radio (if separate rate)		1	onnect onnect		20.00 N/A					
			 • 1) SC 			N/A					
	Converter		1								
	• Converter		•Outl	et relocation e to new addre		20.00					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
ame	FT RANDALL CABLE	SYSTEMS INC		
	PRIMARY TRANSMITTERS:	TELEVISION		
G mary mitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-	1) stations carried only on a part-t e carriage of certain network progr (e)(2) and (4))]; and (2) certain stat ried by your cable system on a su e Special Statement and Program both on a substitute basis and also eee page (v) of the general instruct ogram services such as HBO, ESI air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a prinetwork multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station	ime basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream : the air in its community a noncommercial pendent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K46AA	46	E	ST JAMES, MN
	KY1AC	41	N	ST JAMES, MN
as Necessary	K30AF	30	N	ST JAMES, MN
Rows as Necessary		44	N	ST JAMES, MN
	K44AD			
	K44AD			
	K49HE	49	N	ST JAMES, MN
		49 42	N	
	К49НЕ			ST JAMES, MN ST JAMES, MN
	K49HE K42AV	42	I	ST JAMES, MN
	K49HE K42AV K50AB	42 50	l N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN
	K49HE K42AV K50AB KEYC	42 50 12.1	I N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN
	K49HE K42AV K50AB KEYC KEYC	42 50 12.1 12.2	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN
	K49HE K42AV K50AB KEYC KEYC	42 50 12.1 12.2	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN
	K49HE K42AV K50AB KEYC KEYC	42 50 12.1 12.2	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN
	K49HE K42AV K50AB KEYC KEYC	42 50 12.1 12.2	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN
	K49HE K42AV K50AB KEYC KEYC	42 50 12.1 12.2	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN
	K49HE K42AV K50AB KEYC KEYC	42 50 12.1 12.2	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN
	K49HE K42AV K50AB KEYC KEYC	42 50 12.1 12.2	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN
	K49HE K42AV K50AB KEYC KEYC	42 50 12.1 12.2	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN
	K49HE K42AV K50AB KEYC KEYC	42 50 12.1 12.2	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN
	K49HE K42AV K50AB KEYC KEYC	42 50 12.1 12.2	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN
	K49HE K42AV K50AB KEYC KEYC	42 50 12.1 12.2	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN

LEGAL NAME OF	OWNER OF C							SYSTEM ID# 5215
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) for the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G Mexican or Can	it is carried b monitoring, to prmation abourn. Identify the call tate whether to the radio stat this by placing tive the station adian stations	y the sys be rece it the Co l sign of the static ion's sig g a chec n's locati s, if any,	I-Band FM Carriage: Under (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. ion (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable a ne station is licen a station is identif	eadend, and (enna, during c ge (v) of the g system as a s sed by the FC ied).	2) it can certain s general i eparate CC or, in	be expected, tated intervals. nstructions in the. and discrete the case of	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	FT RANDALL CABLE S	SYSTEMS	INC					5215
	SUBSTITUTE CARRIAGE							
I I	In General: In space I, identi				a distant stati	on that your	cable system	n carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ır cable system	i carry, on a substitute bas	sis, any nonne	etwork televi	ision progra	m
Program Log	broadcast by a distant stati	on?					YES	× NO
	Note: If your answer is "No	. leave the	rest of this pad	e blank. If vour answer is	"Yes." vou m	ust complet	e the progra	ım
	log in block 2.	,	· · · · · · · · · · · · · · · · · · ·	,	·, , · ·			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst	titute progra	am on a separa	te line. Use abbreviations	wherever po	ssible, if the	ir meaning i	s
	clear. If you need more spa				program") th	at during th		a
	period, was broadcast by a			ision program ("substitute our cable system substitute				
	under certain FCC rules, re							
	Do not use general categor		vies" or "baske	etball." List specific program	m titles, for ex	kample, "I Lo	ove Lucy" oi	•
	"NBA Basketball: 76ers vs.		dcast live ente	r "Yes." Otherwise enter "I	No."			
				asting the substitute progra				
				ne community to which the			e FCC or, in	
	the case of Mexican or Can						with the me	nth
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Us	e numerais,	with the mo	mun
	Column 6: State the time	es when the		gram was carried by your				ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	was substituted for progra	amming that	vour svetem	was require	ed
	to delete under FCC rules a							
	was substituted for program	nming that y						
	effect on October 19, 1976.							
					II WHE	EN SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		11	IAGE OCCI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
							_	
		+					_	
						-	_	
			1				_	
		+						
		+						
							<u> </u>	
						-	_	
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1							—	

Accounting Period:	2020/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	YSTEM ID# 5215
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	0,617.23
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 \$ • 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.	263,800	
	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 this accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	· ·	
	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		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)	
	1. 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 Remittance	1. 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 Regist See page i of the general instructions in the paper SA1-2 form for more information		ts!

Accounting Period:	: 2020/2						FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM					SYSTEM ID# 5215
M Channels	to its subscrit 1. Enter the t system car 2. Enter the t on which th	: You must give (1) the numb bers, and (2) the cable system otal number of channels on w rried television broadcast stati otal number of activated chan he cable system carried televi oadcast services	's total nur nich the ca ons nels sion broade	mber of activated	I channels during the		11 40
N Individual to	we can conta	TO BE CONTACTED IF FUR		ORMATION IS I	NEEDED (Identify an	individual to whom	
Be Contacted for Further Information	Name	KRISTI HILBRAND	8			Telephone 320	847-7104
	Address	1104 19TH AVE SW (Number, street, rural route, ap WILLMAR, MN 5620 (City, town, state, zip)	artment, or si				
	Email	kristih@hcine	t.net			Fax (optional 320-847-7123	
O Certification	I, the undersig X (Ow (Age (Off I have examin are true, comp	ned, hereby certify that (Check ner other than corporation or ent of owner other than corpo in line 1 of space B and that	one, <i>but on</i> partnershi ration or p the owner is (if a corpor d hereby de my knowled	nly one, of the box ip) I am the owne partnership) I am s not a corporation ration) or a partne eclare under penal dge, information, a /s/ Bruce H	tes.) r of the cable system a the duly authorized ag n or partnership; or r (if a partnership) of t ty of law that all staten and belief, and are mad tanson ure on the line above t	de in good faith. o certify this statement.	
		Typed or print		BRUCE H		/ John Smith)	
		Title:	ed name: TREA	BRUCE H			

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unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
RANDALL CABLE SYSTEMS INC	.
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? NO YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	-
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	-

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