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

Return completed workbook

STATEMENT OF ACCOUNT		FOR COPYRIG	by email to:		
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT		
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		02/23/2021	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting Period		Barcode Data Filing Period (optiona	I - see instructions)		
	Instructions:				
В	Give the full legal name of the owner of to of the subsidiary, not that of the parent of		idiary of another corporation, give the full con	rporate title	
Owner	List any other name or names under whi	ch the owner conducts the business of t	he cable system.		
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should s ting period.	ubmit a	
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	63230	
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM			
	LONSDALE VIDEO VENTURES LLO	c			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	.)		
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM			
	123 W 7TH ST (Number, street, rural route, apartment, or suite	number)			
	BLUE EARTH, MN 56013				
	(City, town, state, zip)				
С	<b>INSTRUCTIONS:</b> In line 1, give any businames already appear in space B. In line				
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTE	M:			
	2 (Number, street, rural route, apartment, or suite	number)			
1		· · · · · · · · · · · · · · · · · · ·			

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 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 suffciency of the fling, a determination that would be made by a court of law.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hamo	LONSDALE VIDEO VENTURES LLC	63230
	Instructions: List each separate community served by the cable system. A "community" i	
D	"a separate and distinct community or municipal entity (including unincorporated comm	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list with	vill serve as a form of system identification hereafter known
	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 home	e parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	LONSDALE	MINNESOTA
Community	LESUER COUNTY UNINCORPORATED	MINNESOTA
	RICE COUNTY UNINCORPORATED	MINNESOTA
d Rows as Necessary	SCOTT COUNTY UNINCORPORATED	MINNESOTA
u Rows as Necessary		
	VESELI	MINNESOTA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1				
Name		0.0	6323									
Е	SECONDARY TRANSMISSION					ny transmission	service of	the cable				
-	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											
Secondary		about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission	last day of the accounting period											
Service: Sub- scribers and	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											
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 of	-	-	•				-				
	unit in which it is generally billed category, but do not include disc	• •	,		-	ard rate variation	s within a	particular rate				
	Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable				
	systems most commonly provide							0,				
	that applies to your system. Not			U U		0						
	categories, that person or entity subscriber who pays extra for ca											
	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, t						,.					
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-n	апа рюск. А і	wo- or thre	e-word descript	ion of the s	service is				
		OCK 1					BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential:				0,111			CODOCINIDEINO				
	Service to first set		259	29.95	EXPAN	IDED BASIC		74	74.9			
	<ul> <li>Service to additional set(s)</li> </ul>				DIGITA	L BASIC		879	84.9			
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial											
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC				s							
-	In General: Space F calls for ra				-	all your cable sys	stem's serv	vices that were				
F	not covered in space E, that is, t											
0	service for a single fee. There a											
Services Other Than	furnished at cost or (2) services amount of the charge and the ur											
Secondary	enter only the letters "PP" in the		usually	billed. If dify i				rogram busis,				
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	<b>Block 2:</b> 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											
			,		ISHEU. LISU			e ionn or a				
	I DHEI (IWO- OF INFEE-WORD) DESCRI	brief (two- or three-word) description and include the rate for each.										
	DITEL (IWO- OF INFEE-WORD) DESCRI											
		BLO		ORY OF SER	VICE	RATE	CATEG	BLOCK 2	RATE			
	CATEGORY OF SERVICE		CATEG	GORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE			
	CATEGORY OF SERVICE Continuing Services:	BLO	CATEG	ation: Non-res		RATE	CATEGO		RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEG Installa • Mot			RATE	CATEGO		RATE			
	CATEGORY OF SERVICE Continuing Services:	BLO	CATEG Installa • Mot • Cor	ation: Non-res tel, hotel		RATE	CATEGO		RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CATEG Installa • Mot • Cor • Pay	<b>ation: Non-res</b> tel, hotel mmercial	idential	RATE	CATEGO		RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CATEG Installa • Mot • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable	idential	RATE	CATEGO		RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CATEG Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl	<b>idential</b>	RATE	CATEGO		RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel nmercial / cable / cable-add'l cl protection	<b>idential</b>	RATE	CATEGO		RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	BLO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl e protection glar protection	<b>idential</b>	25.00	CATEGO		RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ation: Non-res tel, hotel mmercial cable cable-add'l cl protection glar protection services:	<b>idential</b>		CATEGO		RATE			
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	ation: Non-res tel, hotel mmercial (cable cable-add'l cl protection glar protection services: connect	<b>idential</b>		CATEGO		RATI			

LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
LONSDALE VIDEO V	ENTURES LLC		63				
PRIMARY TRANSMITTERS:	TELEVISION						
<ul> <li>carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under</li> <li>FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections</li> <li>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.</li> <li>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:</li> <li>Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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</li> <li>"WETA-2" as the same on the form.</li> <li>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.</li> <li>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"</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.</li> <li>Column</li></ul>							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
КТСА	2.2	E	ST. PAUL, MN				
KTCA-TPT2	2.1	E-M	ST. PAUL, MN				
WCCO	4.1	Ν	MINNEAPOLIS, MN				
KSTP	5.1	Ν	ST. PAUL, MN				
KMSP	9.1	Ν	MINNEAPOLIS, MN				
WFTC	9.2	I	MINNEAPOLIS, MN				
KARE	11.1	Ν	MINNEAPOLIS, MN				
KEYC	12.1	Ν	MANKATO, MN				
WUCW	23.1	I	MINNEAPOLIS, MN				
KPXM-ION	41.1	l	ST. CLOUD, MN				
KTCA-TPT LIFE	2.3	E-M	ST. PAUL, MN				
KTCA-TPT NOW	2.5	E-M	ST. PAUL, MN				
КЅТС	5.2	l	MINNEAPOLIS, MN				
CW-CHARGE	23.3	I-M	MINNEAPOLIS, MN				
CW-TBD	23.4	I-M	MINNEAPOLIS, MN				
KSTP H&I	5.7	N-M	ST. PAUL, MN				
KSTC ANTENNA	5.4	I-M	MINNEAPOLIS, MN				
KARE-JUSTICE	11.3	I-M	MINNEAPOLIS, MN				
KARE-COURT TV	11.2	I-M	MINNEAPOLIS, MN				
KEYC FOX	12.2	N-M	MANKATO, MN				
KSTC THIS TV	5.6	I-M	MINNEAPOLIS, MN				
KSTC THIS TV KSTC ME TV	<u>5.6</u> 5.3	I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN				
	LONSDALE VIDEO VI PRIMARY TRANSMITTERS: In General: In space G, ide 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 rn • Do not list the station here, station was carried only on • List the station here, and to basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KTCA KTCA-TPT2 WCCO KSTP KMSP WFTC KARE KEYC WUCW KPXM-ION KTCA-TPT LIFE KTCA-TPT NOW KSTC CW-CHARGE CW-TBD KSTP H&I KSTP H&I KSTC ANTENNA KARE-JUSTICE KARE-COURT TV	carried by your cable system during the accounting period, exceptFCC rules and regulations in effect on June 24, 1981, permitting th76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.65substitute Basis Stations: With respect to any distant stations cabasis under specific FCC rules, regulations, or authorizations:• Do not list the station here in space G—but do list it in space I (thstation was carried only on a substitute basis.• List the station here, and also in space I, if the station was carried basis. For further information concerning substitute basis stations;Column 1: List each station's call sign. Do not report origination pmulticast stream associated with a station according to its over-the"WETA-2" as the same on the form.Column 2: Give the channel number the FCC assigned to the telever of license. For example, WRC is channel 4 in Washington, D. C.Column 3: Indicate in each case whether the station is a network seducational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), or For the meaning of these terms, see page (iv) of the general instructColumn 4: Give the location of each station. For U.S. stations, listFCC. For Mexican or Canadian stations, if any, give the name of the1. CALL SIGN2. B'CAST CHANNEL NUMBERKTCA2.2KTCA-TPT22.1WCCO4.1KSTP5.1KMSP9.1WFTC9.2KARE11.1KEYC12.1WUCW23.1KPXM-ION41.1KTCA-TPT NOW2.5KSTC	LONSDALE VIDEO VENTURES LLC           PRIMARY TRANSMITTERS: TELEVISION           In Genoral: In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period, except (1) stations carried only on a par FC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network prog 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.51(e)(2) and (4)]; and (2) certain is substitute program basis, as explained in the next paragraph.           Substitute basis stations:           - Do not list the station here in space G—but do list in space 1 (the Special Statement and Program station was carried only on a substitute basis stations, see page (v) of the general instru Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, Ef multicast stream associated with a station according to lis over-the-air designation. For example, VTETA-2' as the same on the form.           Column 2: Give the channel number the FCC assigned to the television station for broadcasting ov of license. For example, WIRC lis channel 4 in Washington, D.C.           Column 3: Indicate in each case whether the station is a network station, an independent station, or dicustonic station, by entering the teletr.'' (for network).''''''''''''''''''''''''''''''''''''				

EGAL NAME OF								SYSTEM 632
	t every radio s	tation ca	arried on a separate and discrence of the second					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C 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. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated 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	
SALE GION		5,0		C, LE OION		5,0		
							·	
						·	·	
							·	

Accounting Perio	-						FORM	I SA1-2E. PAGE 5.					
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#					
Name	LONSDALE VIDEO VE	NTURES	LLC					63230					
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G								
	In General: In space I, ident	ifv everv no	nnetwork televi	ision program broadcast by	a distant sta	ation that ve	our cable svs	tem carried on a					
-	substitute basis during the a			, , ,			,						
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of t	he general in	structions in	n the paper S	A1-2 form.					
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE									
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any non	network tel	evision prog	ram					
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO					
r rogram 20g						۰ ۰۰۰۰۰۰ م							
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer is	s res, you	must comp	lete the prog	Iram					
	log in block 2.												
	2. LOG OF SUBSTITUTE PROGRAMS												
	<b>In General:</b> 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.												
					e program") t	hat, during	the account	ing					
	<b>Column 1:</b> 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, re												
		Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."											
			dcast live, ent	er "Yes." Otherwise enter '	'No."								
		0		asting the substitute progr									
				the community to which the			the FCC or,	in					
	the case of Mexican or Car Column 5: Give the mor			stem carried the substitute			ls. with the n	nonth					
	first. Example: for May 7 gi		, ,		15		,						
				ogram was carried by you				ately					
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m	n. should be						
		ter "R" if the	e listed program	n was substituted for prog	ramming tha	t vour svste	em was <i>requ</i>	ired					
	to delete under FCC rules												
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regul	ations in						
	effect on October 19, 1976												
				WHEN SUBSTITUTE									
	S	UBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED 7			7. REASON FOR					
	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	— то						
							_						
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Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: LONSDALE VIDEO VENTURES LLC	SYSTEM ID# 63230							
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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.	mission 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( 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	\$263,80(							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00								
	Line 1. Royalty fee for accounting period								
	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 \$137,1								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)							
	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								
	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       \$       270,882.23         2. Base ensuring the destriction formula       \$       262,800,00								
	2. Base amount under statutory formula \$ 263,800.00								
	3. Subtract line 2 from line 1       \$       7,082.23         4. Multiply line 3 by .01       \$	70.82							
	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	\$ 1,389.82							
	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)	<u>1,389.82</u> 20.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,409.82							
	EFT Trace # or TRANSACTION ID # 26RBDRJM	· · · · · · · · · · · · · · · · · · ·							
	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 mo								

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: LONSDALE VIDEO VENTURES LLC	SYSTEM ID# 63230
M Channels	<ul> <li>CHANNELS</li> <li>Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li></ul>	25
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	338
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name         GLORIA PEDERSON         Telephone           Address         123 W 7TH ST (Number, street, rural route, apartment, or suite number)         Image: Comparison of the street rural route, apartment, or suite number)	507-526-3252
	BLUE EARTH, MN 56013 (City, town, state, zip)	
	Email gpederson@bevcomm.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified vner of the cable system
	X       /s/ Arlette Dutton         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: Arlette Dutton	
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	Date: February 23, 2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code autmorizes the Copyright Office 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 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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
NSDALE VIDEO VENTURES LLC	6323
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: <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." 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.</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address         Mailing Address       Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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 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	
<ul> <li>* 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@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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	

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