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 COPYRIGHT	FOFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook	2/17/2021	ALLOCATION NUMBER	Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY) Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	Barcode Data Filing Period (optional -	see instructions)	
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.	771
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		SJOBERGS CABLEVISION INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		315 MAIN AVE N	
		(Number, street, rural route, apartment, or suite number) THIEF RIVER FALLS, MN 56701-1905	
		(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 a 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:	
		MAILING ADDRESS OF CADLE STSTEM.	
	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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	SJOBERGS CABLEVISION INC	771
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	ommunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future fil	ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
		STATE
First Community	KARLSTAD	MN
d Rows as Necessary		

	LEGAL NAME OF OWNER OF O							FORM SA1	TEM IC
Name	SJOBERGS CABLEVIS							515	77
Е	SECONDARY TRANSMISSION								
_	In General: The information in system, that is, the retransmissi	•		-		•			
Secondary	about other services (including)								
Transmission	last day of the accounting period	, , ,	,		,			5	
Service: Sub-	Number of Subscribers: Bot	•					-		
scribers and	down by categories of secondar			•		•			
Rates	each category by counting the r separately for the particular service					•		s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	I. (Example: "\$	20/mth"). Summarize an	y standa	rd rate variation	s within a	particular rate	
	category, but do not include dise								
	Block 1: In the left-hand block systems most commonly provid	•		-		•			
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted					aamiina that are	differenti	incurs the sec	
	Block 2: If your cable system printed in block 1 (for example,	-		•					
	with the number of subscribers								
	sufficient.	,,							
	BL	OCK 1 NO. OF					BLOCK		1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		124	82.75					
	 Service to additional set(s) 	N/A		N/C					
	 FM radio (if separate rate) 	N/A							
	Motel, hotel		8	82.75					
	Commercial		6	82.75					
	Converter	N/A							
	Residential	N/A							
	 Non-residential 	N/A							
	SERVICES OTHER THAN SEC							·····	
F	In General: Space F calls for random of covered in space E, that is,	•	,			• •			
-	service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	or facilities fur	nished t	o nonsubscribers	s. Rate ir	nformation shou	ld include	both the	
Other Than	amount of the charge and the u		usually	billed. If any rate	es are cl	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cahl	e system for eac	h of the	annlicable servi	nas listad		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	ge was	made or establisl	hed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descri	ption and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resid	lential				
	• Pay cable	17.00/MO		tel, hotel		T+M			
	 Pay cable—add'l channel 	17.00/MO		mmercial		T+M			
	Fire protection	N/A		y cable		N/C			
	•Burglar protection	N/A		y cable-add'l cha	nnel	N/A			
	Installation: Residential			e protection		N/A			
	First set	N/C		rglar protection		N/A			
	 Additional set(s) 	35.00		services:					
	 FM radio (if separate rate) 			connect		N/C			
	• Converter	N/C	• Dis	connect		N/C			
	• Converter	N/C		connect tlet relocation		N/C N/C			

ccounting Period:	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	SJOBERGS CABLEV	SION INC		771
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations i	ntify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-til he carriage of certain network progra	ne basis under ms [sections
Primary ansmitters: elevision	substitute program basis, as Substitute Basis Stations	 e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c iles, regulations, or authorizations: 		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (t		<i></i>
	basis. For further information Column 1: List each station	ns oncerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channe	he form. el number the FCC assigned to the tele	0	
	Column 3: Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	(for network multicast), "I" (for indepe	ndent), "I-M"
	For the meaning of these te Column 4 : Give the locatio	erms, see page (iv) of the general instrin n of each station. For U.S. stations, lis dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station i	s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КХЈВ	4	N	FARGO/VALLEY CITY, ND
	КСРМ	5	I	GRAND FORKS, ND
ws as Necessary	WDAZ	8	N	DEVILS LAKE, ND
s necessary	ктні	11	N	FARGO/GRAND FORKS, ND
	KGFE	2	E	GRAND FORKS, ND
	KNRR	10	I	PEMBINA, ND
	CBWI	5	l	WINNIPEG, MANITOBA

LEGAL NAME OF								SYSTEM I 7
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C stem whenever it is received a ived 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 this point, see pa ed by the cable s he station is licen	eadend, 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, 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	

	od: 2020/2							FORM	I SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF								SYSTEM ID#
Name	SJOBERGS CABLEVI	SION INC							771
					~				
	SUBSTITUTE CARRIAG	-	-						
•	In General: In space I, ident substitute basis during the a								
Substitute	explanation of the programm								
Carriage:	1. SPECIAL STATEMEN				<u> </u>				
Special	During the accounting per				sis anv noni	network te	levisio	on proar	am
Statement and	broadcast by a distant sta				o.o, a.i.j iioiii				× NO
Program Log	,					l		YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must comp	olete t	the prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUTI								. •.
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it	their r	meaning	IS
				vision program ("substitute	e program") t	hat, during	the a	accounti	ng
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor	egulations, o	or authorizatio	ns. See page (v) of the gen	neral instruct	ions for fu	rther	informat	tion.
	"NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		example,	LOVE	e Lucy (UI
			dcast live, ent	er "Yes." Otherwise enter '	'No."				
				asting the substitute progr					
	the case of Mexican or Car			the community to which the			the F	-CC or, I	IN
				stem carried the substitute			als, wi	ith the m	nonth
	first. Example: for May 7 gi	ve "5/7."							
				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	:15 p.m. to 6	:28:30 p.n	n. sno	buid be	
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	t your syst	em w	as requ	ired
	to delete under FCC rules								ogram
	was substituted for program		your system w	as permitted to delete und	er FCC rules	and regu	lation	is in	
	effect on October 19, 1976	•							
					WHE	N SUBST	TUT	E	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCO	CURF	RED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY				
					AND DAT	FROM	-	TO	-
						FROM		10	
						FROM		10	
						FROM		10	
1						FROM			
						FROM			
						FROM			
						FROM			
						FROM			
						FROM			
						FROM			
						FROM			
						FROM			
						FROM			

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC	S	YSTEM ID# 771
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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.	ission service amount, see	1,057.63 ss receipts)
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.	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 t accounting period is \$52.00	this six-mon	
	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	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		
	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		
Filian Frederick			
Filing Fee and Total Remittance Due	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: ABLEVISION INC				SYSTEM ID# 771
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	iou must give (1) the number of o s, and (2) the cable system's tot al number of channels on which t d television broadcast stations al number of activated channels cable system carried television bi cast services	al number of activated chann the cable roadcast stations	nels during the accou		7 180
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account.		ED (Identify an indivi	idual to whom	
for Further Information	Name	Richard J Sjoberg			Telephone	218-681-3044
	Address 	315 Main Ave N (Number, street, rural route, apartme Thief River Fall, MN 5 (City, town, state, zip)				
	Email	rsjoberg@mncab	ole.net	F	Fax (optional) <mark>218-681-680</mark>	1
O Certification	I, the undersign (Own (Ager in X (Offic in · I have examine	I (This statement of account must ned, hereby certify that (Check on er other than corporation or pa nt of owner other than corporati line 1 of space B and that the ow cer or partner) I am an officer (if line 1 of space B. d the statement of account and h te, and correct to the best of my k ion 1001(1986)]	e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of ion or partnership) I am the mer is not a corporation or pa a corporation) or a partner (if ereby declare under penalty of) the cable system as in duly authorized agent rtnership; or a partnership) of the l of law that all stateme	dentified in line 1 of space t of the owner of the cable legal entity identified as ow ents of fact contained hereir	system as identified vner of the cable system
			X /s/ Richard J S Enter an electronic signature or Enter signature using an "/s/ sig	n the line above to cert		
			name: Richard J Sjo President dal position held in corporation or p			
		Date:			02/12/2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
OBERGS CABLEVISION INC	77
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.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	—
	—
x 0.00274	_
x 0.00274 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	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	_
x 0.00274 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	
x 0.00274 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	
x 0.00274 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	
x 0.00274 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	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number ID number	
x 0.00274 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	

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.