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 by email to:		
STATEMENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY			
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov		
Cable Systems (Short Form)	08/17/2021	\$	For additional information, contact the U.S. Copyright		
in the first tab of this workbook	00/11/2021	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150		
		ALLOCATION NOMBER	•		
			J		
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))			
2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
2021/1					
	7				
	Barcode Data Filing Period (optiona	I - see instructions)			
Accounting	-				
Period					
Instructions:					
B Give the full legal name of the owner of th of the subsidiary, not that of the parent of	-	idiary of another corporation, give the full corp	porate title		
Owner List any other name or names under whic	h the owner conducts the business of t	he cable system.			
		the last day of the accounting period should su	ıbmit a		
single statement of account and royalty fe	ee payment covering the entire accoun	ting period.	27182		
Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	2/182		
LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM				
FT RANDALL CABLE SYSTEMS INC					
BUSINESS NAME(S) OF OWNER OF)			
	•	•			
MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				

WILLMAR, MN 56201

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

(City, town, state, zip code)

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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.

1104 19TH AVE SW #B

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

Number, street, rural route, apartment, or suite number)

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Hamo	FT RANDALL CABLE SYSTEMS INC	2718
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpora	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future fili	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	nobile home parks should be reported in parentheses below the
Served	identified city.	
001104		
	CITY OR TOWN	STATE
First	WOOD LAKE	MN
Community		
Rows as Necessary		
Rows as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	
Name	FT RANDALL CABLE S								2718
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable	
_	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p						those exis	ting on the	
Transmission	last day of the accounting period	•				,	hla avatan	a brakan	
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	each category by counting the n	•				•			
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·	,		ny stanua		is within a	particular rate	
	Block 1: In the left-hand block	in space E, th	e form l	sts the categor					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a							, 0	
	sufficient.		o ngini n			io nora accorp			
	BLO	DCK 1					BLOCI		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		20	83.50					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA			s				
-	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services	•			•		0 (,	
Other Than									
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.								
ransmissions:	Block 1: Give the standard rat	• •				••			
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) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	10.95	• Mot	el, hotel					
	 Pay cable—add'l channel 	12.00	• Cor	nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		-	cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	20.00		glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		20.00			
	Converter		I ∙Dise	connect		N/A			
	Converter								
	Conventer		• Out	let relocation		20.00 20.00			

counting Period: 2				FORM SA1-2E. PAGI						
Name	LEGAL NAME OF OWNER O			271						
	PRIMARY TRANSMITTERS:									
G	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a									
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations basis under specific FCC r	as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations:	arried by your cable system on a su	ubstitute program						
	station was carried <i>only</i> or • List the station here, and	also in space I, if the station was carried	d both on a substitute basis and als	so on some other						
	Column 1: List each statio	ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form.	program services such as HBO, ES	PN, etc. Identify each						
	of license. For example, V Column 3: Indicate in eacl	nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network	station, an independent station, or	a noncommercial						
	(for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), c terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station	tional multicast). n is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	W56EL	56	E	REDWOOD FALLS, MN						
	K62AA	62	Ν	REDWOOD FALLS, MN						
d Rows as Necessary	KRWF	27	Ν	REDWOOD FALLS, MN						
	K19DV	19	Ν	REDWOOD FALLS, MN						
	K25II	25	I	REDWOOD FALLS, MN						
	KELO	11	N	SIOUX FALLS, SD						
	KEYC	12.1	Ν	MANKATO, MN						
	KWCM	10.2	E	APPLETON, MN						
	KEYC	12.2	N	MANKATO, MN						
	KWCM	10.4	E	APPLETON, MN						
	K68BJ	68	N	REDWOOD FALLS, MN						

EGAL NAME OF								SYSTEM 27
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					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 isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	y the sys be recein the Co sign of the sign of the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received at 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 his point, see pa ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii 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	
		2,2				2,2		

Accounting Perio	Da: 2021/1							FOR№	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						SYSTEM ID#
Name	FT RANDALL CABLE	SYSTEMS	S INC						27182
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
I	In General: In space I, ident								
	substitute basis during the a								
Substitute	explanation of the programm	ning that mus	st be included	in this log, see page (v) of t	he general in	structions i	n the p	paper S/	A1-2 form.
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant sta	ition?					V	/ES	× NO
	N				«\/ "				
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you	must com	plete tr	ne prog	ram
	log in block 2. 2. LOG OF SUBSTITUTI		MS						
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible. if	their m	neaning	ı is
	clear. If you need more spa				e milerer p				,
				vision program ("substitute	e program") t	hat, during	g the a	ccounti	ing
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.		ovies or dask	etball. List specific progra	am titles, for e	example,	Love	LUCY	or
			dcast live, ente	er "Yes." Otherwise enter '	"No."				
	Column 3: Give the call	sign of the	station broadc	asting the substitute prog	ram.				
				the community to which th			the F	CC or, i	in
	the case of Mexican or Car								
	first. Example: for May 7 gi		wnen your sy	stem carried the substitute	e program. U	se numera	ais, wit	in the m	ionth
			e substitute pr	ogram was carried by you	r cable syste	m Listthe	times	accura	ately
	to the nearest five minutes.								
	stated as "6:00-6:30 p.m."								
	Column 7: Enter the lett	ter "R" if the	listed program	n was substituted for prog					
						lottor "D" i	f the lig	stad nra	arom
	to delete under FCC rules a	and regulati							gram
	to delete under FCC rules a was substituted for program	and regulation mming that y							gram
	to delete under FCC rules a	and regulation mming that y							gram
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati mming that y	your system w	as permitted to delete und	ler FCC rules	s and regu	lations	s in E	
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati nming that y	your system w E PROGRAN	as permitted to delete und	ler FCC rules WHE CARRI	and regu	Iations TTUTE CURR	s in E ED	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati nming that y	your system w	as permitted to delete und	ler FCC rules	and regu	lations	s in E ED	
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati nming that y UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI 5. MONTH	N SUBST	TTUTE CURR TIMES	E E ED	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati nming that y UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI 5. MONTH	N SUBST	TTUTE CURR TIMES	E E ED	7. REASON FOR
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Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SY	STEM ID# 27182
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 transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	9,713.49 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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.	63,800	
	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	his six-mon	
	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 \$137,10	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		
	2. Dase and out other statutely formula		
	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		
	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 Regis See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SYSTEM ID# 27182
M Channels	CHANNELS 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations	12
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	42
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 KRISTI HILBRANDS Telephone	320-847-7104
	Address 1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 (City, town, state, zip)	
	Email kristih@hcinet.net Fax (optional) 320-847-712	3
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)] 	system as identified /ner of the cable system
	X /s/ Bruce Hanson 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: BRUCE HANSON	
	Title: TREASURER (Title of official position held in corporation or partnership)	
	Date: 08/17/2021	
	Socian 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (PII) rec	

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 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 fing, a determination that would be made by a court of law.

counting Period: 2021/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
RANDALL CABLE SYSTEMS INC	2718
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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	
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	
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	
* 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served Accounting period	

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 th 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.