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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED AMOUNT
8/16/2021
\$
ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Accounting period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Barcode Data Filing Period (optional - see instructions) B 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. Use 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. Use the value different owners during the accounting period, only the owner on the last day 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. 422 Issues So ADM Malcontineent Communications Malsines Anales (S) OF OWNER OF CABLE SYSTEM Malcontineent Communications Malsines Anales (S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Malsines Anales (S) OF OWNER OF CABLE SYSTEM Po Box 5640 Namentame Distribution (S) In line 1, give any business or trade names used to identify the business and operation of the system unless these inces already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1<	Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
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B Give the full legal name 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. Unner 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. 452 Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. 452 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Midcontinent Communications BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Mailing AdDRESS OF OWNER OF CABLE SYSTEM PO Box 5040 Number, state, top Number, state, top Sioux Falls, SD 57117-5040 (Cby, town, state, top) IbertificAtion OF CABLE SYSTEM: PO Box 5040 IbertificAtion OF CABLE SYSTEM: Balaton, MN Malling AdDRESS OF CABLE SYSTEM: PO Box 5040 IbertificAtion OF CABLE SYSTEM:	-	
Image: Statement of account and royalty fee payment covering the entire accounting period. 452 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 452 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Midcontinent Communications BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) 452 MAILING ADDRESS OF OWNER OF CABLE SYSTEM Midcontinent Communications BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM 90 Box 5040 Number, stituet, rual route, apartment, or sulte number) Sioux Falls, SD 57117-5040 [City, town, state, app] IDENTIFICATION OF CABLE SYSTEM: PO Box 5040 10 IDENTIFICATION OF CABLE SYSTEM: 2 PO Box 5040 10 IDENTIFICATION OF CABLE SYSTEM: 2 PO Box 5040 10 IDENTIFICATION OF CABLE SYSTEM: 2 PO Box 5040 10 IDENTIFICATION OF CABLE SYSTEM: 2 PO Box 5040 10 IDENTIFICATION OF CABLE SYSTEM: 3 IDENTIFICATION OF CABLE SYSTEM: 10 IDENTIFICATION OF CABLE SYSTEM: 4 PO Box 5040 10 IDENTIFICATION OF CABLE SYSTEM: 4 PO Box 5040 10 IDENTIFICATION OF CABLE SYSTEM: 4 PO Box 5040 10 IDENTIFICATION OF CABLE SYST	В	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
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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 Midcontinent Communications BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 5040 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. 1 DENTIFICATION OF CABLE SYSTEM: Balaton, MN MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040 2 PO Box 5040 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040		
C Instructions System IDENTIFICATION OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 2 PO Box 5040 Number, street, rural route, apartment, or suite number) Signation Signation		
C Instructions: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. 1 IDENTIFICATION OF CABLE SYSTEM: Balaton, MN 2 PO Box 5040 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040 (City; town, state, zap)		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 5040 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. System 1 IDENTIFICATION OF CABLE SYSTEM: Balaton, MN MAILING ADDRESS OF CABLE SYSTEM: 2 PO Box 5040 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040		Midcontinent Communications
PO Box 5040 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040 (City, town, state, 2p) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. System IDENTIFICATION OF CABLE SYSTEM: Balaton, MN MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040 PO Box 5040 Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
Image: C system INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. System 1 IDENTIFICATION OF CABLE SYSTEM: Balaton, MN 2 PO Box 5040 (Number, street, rural route, apartment, or suite number) Sioux Fails, SD 57117-5040		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
Sioux Fails, SD 57117-5040 (City, town, state, zip) C System INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. 1 IDENTIFICATION OF CABLE SYSTEM: Balaton, MN MAILING ADDRESS OF CABLE SYSTEM: 2 PO Box 5040 Number, street, rural route, apartment, or suite number) Sioux Fails, SD 57117-5040		
System 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. System 1 IDENTIFICATION OF CABLE SYSTEM: Balaton, MN MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040		Sioux Falls, SD 57117-5040
1 Balaton, MN MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040	С	
AAILING ADDRESS OF CABLE SYSTEM: PO Box 5040 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040	System	
2 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040		
Sioux Falls, SD 57117-5040		

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	Midcontinent Communications	452
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	l communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter knowr
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	le home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Balaton	MN
Community	System shut down 6/15/21	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS.	TEM ID
Name	Midcontinent Communi							010	45
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p	bay cable) in sp	bace F, I	not here. All the	e facts you	state must be			
Transmission	last day of the accounting period	•				,			
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•							
Rates	each category by counting the n	•				•			
	separately for the particular serv	vice at the rate	indicate	d-not the nun	ber of set	s receiving serv	rice).	0	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	s within a p	particular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion servio	e that cable	
	systems most commonly provide	•		0					
	that applies to your system. Not	e: Where an in	ndividual	l or organizatio	n is receiv	ing service that	falls under	different	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					I in the count ur	ider "Servio	ce to the	
	Block 2: If your cable system	0			· · ·	service that are	different fi	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	/o- or thre	e-word descript	ion of the s	ervice is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF		DATE	0.1.75			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		0	22.95	Rusino	ss Accounts		_	22.9
	Service to additional set(s)		v	22.33		of Converter		_	16.0
	• FM radio (if separate rate)					Homes		-	10.5
	Motel, hotel				i i u i si i i	, 11011103			10.0
	Commercial		0	64.95					
	Converter		Ŏ	4.00					
	Residential			-1.00					
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				-	ll vour cable sv	stem's serv	ices that were	
F	not covered in space E, that is, t								
	service for a single fee. There an	•			•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usualiy	billed. If ally la		arged on a van	able pei-pi	ograffi basis,	
	Block 1: Give the standard rate	te charged by t							
ransmissions:		t your cable sy		michael ar offer	ed durina	the accounting	period that		
ransmissions: Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a	separate charg	,	made or establi	-	-	vices in the	e form of a	
	-	separate chargetion and inclue	de the ra	made or establi	-	-	vices in the		
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charge ption and inclue BLO	de the ra	made or establi ate for each.	shed. List	these other ser		BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate chargetion and inclue	de the ra CK 1 CATEG	made or establi	shed. List	-			RATE
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charge ption and inclue BLO	de the ra CK 1 CATEC Installa	made or establi ate for each. GORY OF SER	shed. List	these other ser	CATEGO	BLOCK 2 DRY OF SERVICE	
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargotion and includ BLOO RATE	CK 1 CATEC Installa • Mot	made or establi ate for each. GORY OF SER ation: Non-res	shed. List	RATE		BLOCK 2 DRY OF SERVICE	10.0
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate chargotion and includ BLOO RATE	de the ra CK 1 CATEG Installa • Mot • Cor	nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel	shed. List	RATE 499.00	CATEGO Digital	BLOCK 2 DRY OF SERVICE 1	RATE 10.0 16.0 16.0
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate chargotion and includ BLOO RATE	de the ra CK 1 CATEG Installa • Mot • Cor • Pay	nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	/ICE dential	RATE 499.00	CATEGO Digital	BLOCK 2 DRY OF SERVICE 1 IX me	10.0 16.0
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate chargotion and includ BLOO RATE	CK 1 CATEG Installa • Mot • Cor • Pay	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	/ICE dential	RATE 499.00	CATEGO Digital Cinema Showtin	BLOCK 2 DRY OF SERVICE 1 IX me	10.0 16.0 16.0
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	separate chargotion and includ BLOO RATE	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	/ICE dential	RATE 499.00	CATEGO Digital Cinema Showtin	BLOCK 2 DRY OF SERVICE 1 IX me	10.0 16.0 16.0
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate chargotion and incluse BLOO RATE 16.00 25.00	CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection	/ICE dential	RATE 499.00	CATEGO Digital Cinema Showtin	BLOCK 2 DRY OF SERVICE 1 IX me	10.0 16.0 16.0
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate chargotion and incluse BLOO RATE 16.00 25.00	de the ra CK 1 CATEC Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection glar protection	/ICE dential	RATE 499.00	CATEGO Digital Cinema Showtin	BLOCK 2 DRY OF SERVICE 1 IX me	10.0 16.0 16.0
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate chargotion and incluse BLOO RATE 16.00 25.00	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Fire • Bur • Bur • Rec	made or establi ate for each. BORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	/ICE dential	RATE 499.00 499.00	CATEGO Digital Cinema Showtin	BLOCK 2 DRY OF SERVICE 1 IX me	10.0 16.0 16.0
	listed in block 1 and for which a brief (two- or three-word) descrip 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)	separate chargotion and incluse BLOO RATE 16.00 25.00	de the ra CK 1 CATEG Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	/ICE dential	RATE 499.00 499.00	CATEGO Digital Cinema Showtin	BLOCK 2 DRY OF SERVICE 1 IX me	10.0 16.0 16.0

ccounting Period: 2	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Midcontinent Commu			452
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (f a substitute basis. Ilso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	elevision stations) time 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 bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
	KELO-DT	11	N	SIOUX FALLS, SD (CBS)
ows as Necessary	KMSP-DT	9		MINNEAPOLIS, MN (FOX)
is as necessary	KSTP-DT	35	N	ST PAUL, MN (ABC)
	KSFY-DT	13	Ν	SIOUX FALLS, SD (ABC)
	KWCM-DT	10	E	APPLETON, MN (PBS)
	WCCO-DT	32	Ν	MINNEAPOLIS, MN (CBS)
	WFTC-DT	29	I	MINNEAPOLIS, MN (MNT)
	WUCW-DT	22	I	MINNEAPOLIS, MN (CW)
				······································

EGAL NAME OF								SYSTEM I
	every radio s	station ca	arried on a separate and discrunce of the second seco					Н
eceivable if (1) n the basis of i for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati	y the sys be receint the Co sign of e the static ion's sign	I-Band FM Carriage: Under C stem 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.	t the system's he system's FM ante his point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st Jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the statior	n's locati	on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	od: 2021/1						FOR	VI SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Midcontinent Commu	nications						452
					•			
	SUBSTITUTE CARRIAG	-	-					
	In General: In space I, ident			, , ,		· .	,	
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in		and habor o	
Special	During the accounting per					ootwork tok		rom
Statement and			ui cable syster	in carry, on a substitute ba	515, any nom			
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must compl	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if th	neir meaning	g is
	clear. If you need more spa					la	41	·
	period, was broadcast by a			vision program ("substitute rour cable system substitut				
	under certain FCC rules, re							
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.			۵/ ۳ OI	* • • •			
				er "Yes." Otherwise enter " casting the substitute prog				
				the community to which th		censed by t	he FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numeral	s, with the r	nonth
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cable svete	m List the t	times accur	ately
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."				·			
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			o ana regul		
								T
						N SUBSTI		
	S					AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
		100 01 110	0/122 01011		7.110 0711			
							_	
								·
							_	
								,
							_	
							_	
							_	
							_	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Midcontinent Communications		452
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.	ssion service mount, see	2,721.91 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.	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 accounting period is \$52.00	his 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		
	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		
Eiling Frankel			
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 informati		hts!

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 452
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	9 160
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		52-844-2622
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number) Edina, MN 55435 (City, town, state, zip)	
	Email wynne.haakenstad@midco.com Fax (optional)	
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.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 owner 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)] 	stem as identified
	X /s/ Wynne Haakenstad 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: Wynne Haakenstad Title: Director of Programming (Title of official position held in corporation or partnership)	
	Date: 8/2/21	

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

ounting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
dcontinent Communications	45
 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? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
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