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
-	ENT OF ACCOUNT	FOR COPYRIGE	HT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	ems (Short Form) actions are located of this workbook	08/17/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	(YY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of t of the subsidiary, not that of the parent o		diary of another corporation, give the full corpor	rate title
Owner	List any other name or names under whi	ch the owner conducts the business of th	he cable system.	
	If there were different owners during the single statement of account and royalty f		he last day of the accounting period should subr ing period.	nit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	5215
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	FT RANDALL CABLE SYSTEMS IN	с		
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)	)	

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

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.

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

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

1104 19TH AVE SW #B (Number, street, rural route, apartment, or suite number)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

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

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	FT RANDALL CABLE SYSTEMS INC	521
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future	e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	or mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	COMFREY	MN
Community		
Add Rows as Necessary		

								FORM SA1	-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Humo	FT RANDALL CABLE S	YSTEMS IN	С						521			
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND RA	TES							
E	In General: The information in s	•		-		•						
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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-	Number of Subscribers: Bot						ble system	, broken				
scribers and	down by categories of secondar			•		•						
Rates		each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).										
	<b>Rate:</b> Give the standard rate of							e and the				
	unit in which it is generally billed	-	-									
	category, but do not include disc											
	Block 1: In the left-hand block			Ũ		•						
	systems most commonly provide that applies to your system. <b>Not</b>											
	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											
	sufficient.		o ngin i									
	BLO	CK 1 NO. OF					BLOCK	X 2 NO. OF	1			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	<ul> <li>Service to first set</li> </ul>		22	80.50								
	<ul> <li>Service to additional set(s)</li> </ul>											
	<ul> <li>FM radio (if separate rate)</li> </ul>											
	Motel, hotel											
	Commercial											
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC				2							
-	In General: Space F calls for ra					Il your cable sy	stem's serv	rices that were				
F	not covered in space E, that is, t											
<b>.</b> .	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		usually	billed. If any fa		larged on a var	iable pei-pi	ografii basis,				
ransmissions:	Block 1: Give the standard rat	te charged by t										
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.											
		BLO	-				0.475.00	BLOCK 2				
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SERV ation: Non-resi		RATE	CATEGO	DRY OF SERVICE	RATE			
	Pay cable	10.95			uentiai							
		10.95		tel, hotel mmercial								
	Pay cable—add'l channel     Fire protection	12.00	_	y cable								
					annol							
	•Burglar protection			y cable-add'l ch e protection	aiiiel							
	First set	20.00		rglar protection								
	Additional set(s)	20.00		services:								
	• FM radio (if separate rate)			connect		20.00						
	i ini iaulo (il separate rate)		- Re	COLLINGOL		20.00						
	• Converter		• Die	connect		NI/A						
	• Converter			connect		N/A						
	• Converter		۰Ou	connect tlet relocation ve to new addre		N/A 20.00 20.00						

Accounting Period:	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER O			SYSTEM ID#
	FT RANDALL CABLE			5215
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Station: basis under specific FCC r • Do not list the station heire, station was carried only of • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast; For the meaning of these t Column 4: Give the location	TELEVISION entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M" ( ), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- tion of each station. For U.S. stations, list	t (1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES arried esignation. For example, repre- evision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educated actions in the paper SA1-2 form. the community to which the station	elevision stations) time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of t	ne community with which the statio 3. TYPE OF STATION	n is identified. 4. LOCATION OF STATION
	K46AA	46	E	ST JAMES, MN
	KY1AC	41	N	ST JAMES, MN
Add Down on Nonocomu	K11AG	30	N	ST JAMES, MN
Add Rows as Necessary	K44AD	44	N	ST JAMES, MN
	K49HE	49	Ν	ST JAMES, MN
	K42AV	42		ST JAMES, MN
	K50AB	50	N	ST JAMES, MN
	KEYC	12.1	N	MANKATO, MN
	KEYC	12.2	N	MANKATO, MN
	KSMN	20.2	E	WORTHINGTON, MN

FT RANDAL	OWNER OF C							SYSTEM I 52
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co 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 this point, see pa ed by the cable s le station is licen	eadend, and (2 enna, during c ge (v) of the <u>c</u> system as a se sed by the FC	2) it can eertain st general 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	9/D	LOCATION OF STATION	
GALL SIGN	AIVI OF FIM	3/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
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			+			<u> </u>		

Accounting Perio	-						FORM	I SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#	
Name	FT RANDALL CABLE	SYSTEMS	S INC					5215	
_	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Substitute Carriage:					he general in	structions ir	the paper S	A1-2 form.	
Special	1. SPECIAL STATEMEN								
Statement and	• During the accounting pe		ur cable syster	m carry, on a substitute ba	isis, any non	network tei			
Program Log	broadcast by a distant sta	ition ?				L	YES	× NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you	must comp	lete the prog	Iram	
	log in block 2.		Me						
<ol> <li>LOG OF SUBSTITUTE PROGRAMS</li> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is</li> </ol>							q is		
In General: 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.						-			
				vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general catego	ries like "mo							
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter '	"No "				
				asting the substitute progr					
				the community to which th			the FCC or,	in	
	the case of Mexican or Car Column 5: Give the mo			e community with which the stem carried the substitute			ls with the n	nonth	
	first. Example: for May 7 gi		when your sy		s program. O			nonar	
				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 t	5:28:30 p.m	i. should be		
	Column 7: Enter the let			n was substituted for prog					
	to delete under FCC rules							ogram	
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ier FCC rules	s and regul	ations in		
			E PROGRAM	4	WHE	7. REASON FOR			
		2. LIVE?	3. STATION'S		5. MONTH	IAGE OCC 6.		DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то		
		<u> </u>					_		
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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	SI	/STEM ID# 5215
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. 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	<b>,182.84</b> 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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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		nts!

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	SYSTEM ID# 5215
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	11
	system carried television broadcast stations         2. Enter the total number of activated channels         on which the cable system carried television broadcast stations         and nonbroadcast services	40
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) 320-847-7123	3
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>X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 ow 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 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)]</li> </ul>	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	
	+ Section 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information /PII) rea	

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counting Period: 2021/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
RANDALL CABLE SYSTEMS INC	521
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?         NO         YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
<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@loc.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	
ID number	

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