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						
08/17/2021	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

_								
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20211 Barcode Data Filing Period (optional - see instructions)							
Accounting 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.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Venture Communications Coop.							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	PO Box 157 (Number, street, rural route, apartment, or suite number)							
	Highmore, SD 57345							
	(City, town, state, zip)							
С	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:							
	1							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, tural 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.

Accounting Period:	2021/1	FORM CA1 2F DACE 1b						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#						
Name	Venture Communications Coop.	672						
	Instructions: List each separate community served by the cable system. A "c							
D	"a separate and distinct community or municipal entity (including unincorpo							
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known							
	as the "first community." Please use it as the first community on all future fi							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	Wessington Springs	SD						
Community	Wessington	SD						
	Hitchcock	SD						
Add Rows as Necessary	Tulare	SD						
		,						

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

672

### Venture Communications Coop.

## E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**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 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).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	743	108.95	Core	37	47.95
<ul> <li>Service to additional set(s)</li> </ul>			My Choice	56	51.00
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

# F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**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.

		BLOCK 2				
CATEGORY OF SERVICE	RATE	RATE CATEGORY OF SERVICE RATE			CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	13.95	<ul> <li>Motel, hotel</li> </ul>	150.00	5	set top box	9.50
<ul> <li>Pay cable—add'l channel</li> </ul>	18.95	Commercial	150.00			
<ul> <li>Fire protection</li> </ul>		• Pay cable				
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		<ul> <li>Fire protection</li> </ul>				
• First set	150.00	<ul> <li>Burglar protection</li> </ul>				
<ul><li>Additional set(s)</li></ul>	-	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		<ul> <li>Reconnect</li> </ul>	49.95			
Converter	er • Disco					
		<ul> <li>Outlet relocation</li> </ul>	49.95			
• Move		<ul> <li>Move to new address</li> </ul>	49.95			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

672

Venture Communications Coop.

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television 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, *except* (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))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KPLO	6	N	RELIANCE, SD
KDLT	5	N	SIOUX FALLS, SD
KTTW	7	N	SIOUX FALLS, SD
KSFY	4	N	PIERRE, SD
KCSD	10	E	SIOUX FALLS, SD
KWSD	36	l	SIOUX FALLS, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Venture Communications Coop.** 

671

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<b></b>						
	<b></b>						
	<del> </del>						
	<del> </del>						
	<b></b>						
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- d. 2024 /4					-	D14 044 05 D4 05 5
	CARLESVS	STEM:			F	ORM SA1-2E. PAGE 5.
						SYSTEM ID# 672
In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting pe broadcast by a distant state of the s	tify every non accounting p ning that mu T CONCER riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no	nnetwork televineriod, under spist be included RNING SUBS ur cable system e rest of this pa  AMS am on a separadd additional	ision program, broadcast by becific present and former F in this log, see page (v) of the street of the second of	a distant sta CC rules, reg ne general ins sis, any nonr s "Yes," you r	ulations, or authorize structions in the paper network television property YES must complete the prossible, if their mean that, during the acco	tions. For a further r SA1-2 form.  ogram  X NO  rogram  ining is
under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.						
S	UBSTITUT	E PROGRAM	1	CARRI	7. REASON FOR	
		5. MONTH	6. TIMES	DELETION		
	Venture Communicati  SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn  1. SPECIAL STATEMEN  • During the accounting pe broadcast by a distant sta  Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the broad Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules; was substituted for prograr effect on October 19, 1976	Venture Communications Coop  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting p explanation of the programming that mu  1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant stat under certain FCC rules, regulations, on Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broat Column 3: Give the call sign of the Column 4: Give the broadcast stati the case of Mexican or Canadian stati Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when th to the nearest five minutes. Example: stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.	Venture Communications Coop.  SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televisubstitute basis during the accounting period, under spexplanation of the programming that must be included  1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this participate in the program on a separate in the program on a separate in the program in the substitute program on a separate in the program in the program in the proof in the station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadd Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	Venture Communications Coop.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of tt  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute ba broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the get Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter ' Column 3: Give the call sign of the station broadcasting the substitute progr Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for progr to delete under FCC rules and regulations in effect during the accounting perio was substituted for programming that your system was permitted to delete und effect on October 19, 1976.	Venture Communications Coop.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general interpretation of the programming that must be included in this log, see page (v) of the general interpretation of the programming that must be included in this log, see page (v) of the general interpretation of the programming that must be included in this log, see page (v) of the general interpretation of the programming that must be included in this log, see page (v) of the general interpretation of the gene	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Venture Communications Coop.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authoriza explanation of the programming that must be included in this log, see page (v) of the general instructions in the pape 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television proradcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the plog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their mear clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program "substitute for the programming of anoth under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further infon Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Luc "NBA Basketball: "Gers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 6: Give the month and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed was substituted

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Venture Communications Coop.	SY	STEM ID# 672
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	mission service amount, se	570.98
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	s receipts)
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 \$100.000 to \$100.0000 to \$100.000	 \$263,80(	
	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 the accounting period is \$52.00	his six-month	
	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		
	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)	
	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		
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
	EFT Trace # or TRANSACTION ID # 265VILPP		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	: 2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Venture Communications Coop.	SYSTEM ID# 672
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.	6
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	187
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 Brad Ryan Telephone 605 85.  Address PO Box 157	2-2224
	(Number, street, rural route, apartment, or suite number)  Highmore, SD 57345  (City, town, state, zip)	
	Email bryan@venturecomm.net Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B.</li> </ul>	
	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)]	
	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: Randy W. Houdek	
	Title: General Manager  (Title of official position held in corporation or partnership)	
	Date: 8/17/2021	

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.

counting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
nture Communications Coop.	672
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system scribers and amounts collected from subscribers receiving secondary transmissions pursus.  For more information on when to exclude these amounts, see the note on page (vii) of the general located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for second by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	stem for the basic in shall not include sub-cant to section 119."  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 an explanation of interest assessment, see page (viii) of the general instructions located in the	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	days
	uays
Line 3 Multiply line 2 by the number of days late and enter the sum here	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	-
	(interest charge)
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For fur contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ther assistance please
** 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 Collist below the owner, address, first community served, ID number, and accounting period as given	
Owner	
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.