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

STATEM	ENT OF ACCOUNT	FOR COPYRIGHT	FOFFICE USE ONLY	Return completed workbook by email to:
-	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (Short Form) uctions are located of this workbook	07/19/2021	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	(Y/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional -	see instructions)	
	Instructions:			
В			ary of another corporation, give the full corp	orate title
Owner	List any other name or names under whic	h the owner conducts the business of the	cable system.	
	If there were different owners during the single statement of account and royalty f		e last day of the accounting period should sul g period.	bmit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number as	signed by the Licensing Division.	775
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	SJOBERGS CABLEVISION INC			
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)		

		SJOBERGS CABLEVISION INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		315 MAIN AVE N (Number, street, rural route, apartment, or suite number)
		THIEF RIVER FALLS, MN 56701-1905 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SJOBERGS CABLEVISION INC	775
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single,
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	WARREN	
Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E QVQTEM							2E. PAGE
Name	SJOBERGS CABLEVIS							515	77
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
_	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	·				,			
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•					-		
Rates	each category by counting the n					•			
nutoo	separately for the particular service					•		onargou	
	Rate: Give the standard rate of	-	-					-	
	unit in which it is generally billed	· ·		,	ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				es of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count ur	ider "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-l	hand block. A two	o- or thre	e-word descript	ion of the	service is	
	sufficient.							( )	
		OCK 1 NO. OF	:				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:		220		MOTEL		-	20	4 60/
	Service to first set		330		MOTEL	EXTRA SE		28	1.50/
	Service to additional set(s)	N/A		N/C					
	• FM radio (if separate rate)	N/A	4						
	Motel, hotel		1	90.06					
	Commercial		12	90.06					
	Converter	N/A							
	Residential	N/A							
	Non-residential	N/A							
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES					
-	In General: Space F calls for ra					Il your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There a	•			•		0 (	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuany	, blied. If dify fat				rogram buolo,	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) description		-		ned. List	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERV		RATE	CATEG	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	INAL		ation: Non-resid		INAIL	CATEG	SIT OF SERVICE	10411
	• Pay cable			otel, hotel					
	• Pay cable—add'l channel		۰Co	mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cha	annel				
	Installation: Residential			e protection					
	• First set			rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	• Converter			sconnect					
				tlet relocation					
			• Mo	ve to new addre	SS				

counting Period:	2021/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	SJOBERGS CABLEV	ISION INC		775
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>G</b> Primary Transmitters:	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(6	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting tl e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	t (1) stations carried only on a part he carriage of certain network prog	-time basis under rams [sections
Television	Substitute Basis Stations	: With respect to any distant stations c	arried by your cable system on a su	ubstitute program
	• Do not list the station here station was carried only on			
	basis. For further information	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruc	ctions.
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the	e-air designation. For example, rep	port multistream
	Column 3: Indicate in each	/RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M"	•	
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	"E" (for noncommercial educational), ( erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	or "E-M" (for noncommercial educa 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
	KGFE	2	Е	GRAND FORKS, ND
	КХЈВ	4	Ν	VALLEY CITY/FARGO, ND
dd Rows as Necessary	WDAZ	8	N	DEVILS LAKE, ND
a nows as necessary	КСРМ	5	· · · · · · · · · · · · · · · · · · ·	GRAND FORKS, ND
	KVLY	11	N	GRAND FORKS, ND
	KVRR	10	<b>I</b>	THIEF RIVER FALLS, MN
	CBWT	12	<b>I</b>	WINNIPEG, MANITOBA
		1		

EGAL NAME OF								SYSTEM
	every radio s	station 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 ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein to the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, 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	
CALL OIGH	AIMOTTIM	0,0		UALL OIGH	ANIOTIM	0,0		

	od: 2021/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	SJOBERGS CABLEVI	SION INC						775
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I	In General: In space I, ident substitute basis during the a	tify every not	nnetwork televi	ision program, broadcast by	/ a <i>distant</i> sta	, ,	,	
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions i	n the paper \$	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network te	evision proo	gram
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 is	s "Yes " vou i	must comr	lete the pro	
	log in block 2.				5 105, your	nuot oomp		gram
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if t	heir meanir	ng is
	clear. If you need more spa						46	41
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for fu	ther inform	ation.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	Love Lucy	' or
	"NBA Basketball: 76ers vs.		deast live ent	er "Yes." Otherwise enter '	"No "			
				asting the substitute progr				
	Column 4: Give the broa	adcast stati	on's location (	the community to which th	e station is li		the FCC or	, in
	the case of Mexican or Car						le with the	no o n th
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	is, with the	monun
	. , , ,		e substitute pr	ogram was carried by you	r cable syste	m. List the	times accu	rately
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour svet	am was rea	uired
	to delete under FCC rules							
	was substituted for program							5
			your system w	as permitted to delete und		s and regu	auons in	
	effect on October 19, 1976		your system w	as permitted to delete unc		and regu		
	effect on October 19, 1976		E PROGRAM	·	WHE	N SUBST	ITUTE	7. REASON FOR
	effect on October 19, 1976			1	WHE	N SUBST	ITUTE	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE	N SUBST	ITUTE SURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	

Accounting Period:	2021/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC		S	YSTEM ID# 775
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the and all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service amount, see	1,776.22
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 th • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th • See page (vi) of the general instructions located in the paper SA1-2 form for more informatio	nan \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m			
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K	201,776.22		
	3. Subtract line 2 from line 1	62,023.78		
	4. Enter the amount of gross receipts from space K		201,776.22	
	5. Enter the amount from line 3		62,023.78	
	6. Subtract line 5 from line 4		139,752.44	
	7. Multiply line 6 by .005 (enter figure here)			698.76
	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			698.76
		loss than \$527	600)	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	liess than \$527	,000)	
	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)	. \$	698.76	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<b>\$</b>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	718.76
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form fo	-		hts!

Name         ECAL NAME OF COMMEND OF CALLE SYSTEM:         SYE           SUBBERGS CABLEVISION INC         SUBBERGS CABLEVISION INC         SYE           M         Channels         Instructions: You must give (1) the number of channels on which the cable system carried blavision broadcast stations         Instructions: You must give (1) the number of channels on which the cable system carried blavision broadcast stations         7           System carried blavision broadcast stations         7         .           2. Enter the total number of activated channels on which the cable system carried blavision broadcast stations         180           N         MOVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contriad about this statement of account.)         Be Contacted           B Contracted         Soft Further         Name         Richard J. Sjoberg.           Individual to Be Contracted         Soft Further         Name         Richard J. Sjoberg.           Information         Name         Richard J. Sjoberg.         Telephone 218-681-3044           Information         Name         Richard J. Sjoberg.         Telephone 218-681-3044           Information         Name         Richard J. Sjoberg.         Telephone 218-681-3044           Information         Statement of account.)         Be contacted         Statement of account.)           O         Certifica	Accounting Period:	2021/1	FORM SA1-2E. PAGE
M 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 is total number of activated channels during the accounting period.         1. Enter the total number of activated channels       7         2. Enter the total number of activated channels       180         N       Individual to Be Contracted       180         N Individual to Be Contracted       Statument of account ()       180         N Individual to Be Contracted       Statument of account.)       180         Address       315 Main Ave N       180         Address       315 Main Ave N       180         Certrification       The relation and account in a took system carried television broadcast stations and nonbreadcast services       180         N Individual to Be Contracted for Further       Name       Richard J Sjoberg       Telephone 218-681-3044         Address       315 Main Ave N       Number, steer, manoto, spatement, or subn antiber.       Fax (optional) 218-681-6802.         Contracted for Further       Thier River Fails, MN 56701       Exceptione 218-681-3044       Fax (optional) 218-681-6802.         Certrification       In the dopergigmmcable.net       Fax (optional) 218-681-6802.       Fine Account must be certified and signed in accordance with Copyright Office regulations)         Contracted       In the opere	Name		SYSTEM ID 77
Individual to Be Contacted for Further Information       Name       Richard J Sjoberg       Telephone 218-681-3044         Address       315 Main Ave N (Number, steel, rual make, apartment, or subs number)       Thief River Falls, MN 56701         (City, Iwow, state, zap)       Email       Fax (optional) 218-681-6801         Certification       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • I, the undersigned, hereby certify that (Check one, but only one is not a corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or         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 cable system in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that al statements of fact contained herein are true, complete, and correct to be best of my knowledge, information, and belief, and are made in good faith.         (18 U.S.C., Section 1001(1986)]       X       /s/ Richard J Sjoberg         Enter an electronic signature on the line above to certify this statement.		<ul> <li>Instructions: You must give (1) the number of channels on which the cal to its subscribers, and (2) the cable system's total number of activated ch</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li> <li>2. Enter the total number of activated channels on which the cable system carried television broadcast stations</li> </ul>	annels during the accounting period.
Information       Address       315 Main Ave N (Number, state, zarinent, or sulle number)         Thief River Falls, MN 56701 (City, town, state, zar)       Thief River Falls, MN 56701         (City, town, state, zar)       Email       Fax (optional) 218-681-6801         Certification       Certification       Fax (optional) 218-681-6801         O       Certification       • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)         Image: Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: Officer or partner) I am officer (if a corporation or partnership) I am the duly authorized agent of the conter of the cable system as identified in line 1 of space B; or         Image: Officer or partner) I am an officer (if a corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         Image:	Individual to		EDED (Identify an individual to whom
(Venter, street, rund route, apartment, or sular number)         Thief River Falls, MN 56701         (City, town, state, zit)         Email       rsjoberg@mncable.net         Fax (optional)       218-681-6801         Certification <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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 identified in line 1 of space B; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system 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)]         Extern electronic signature on the line above to certify this statement.</li></ul>		Name Richard J Sjoberg	Telephone 218-681-3044
O       CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)         • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • O         • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • O         • Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         • Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 of the cable system 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)]         • I kit is used in the owner of the cable system on the line above to certify this statement.		(Number, street, rural route, apartment, or suite number) Thief River Falls, MN 56701 (City, town, state, zip)	
O         Certification       • I, the undersigned, hereby certify that (Check one, but only one, 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; or         (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 of the cable system 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)]         Image: Delta Complete Complet		Email rsjoberg@mncable.net	Fax (optional) <u>218-681-6801</u>
Enter an electronic signature on the line above to certify this statement.	-	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxed (Owner other than corporation or partnership) I am the owner</li> <li>(Agent of owner other than corporation or partnership) I am the in line 1 of space B and that the owner is not a corporation or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penal are true, complete, and correct to the best of my knowledge, information, an</li> </ul>	es.) of the cable system as identified in line 1 of space B; or ne duly authorized agent of the owner of the cable system as identified partnership; or (if a partnership) of the legal entity identified as owner of the cable system ty of law that all statements of fact contained herein
Typed or printed name: Richard J Sjoberg		Enter an electronic signature Enter signature using an "/s,	e on the line above to certify this statement. ' signature" (e.g.,  /s/ John Smith)
Title: President (Title of official position held in corporation or partnership)		Title: President	
Date: 07/23/2021		Date:	07/23/2021

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DBERGS CABLEVISION INC	77
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name     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 Assessmer
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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Line 2       Multiply line 1 by the interest rate* and enter the sum here       x       -         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.	
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	
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