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 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Period Barcodo Data Filing Period (optional - see instructions) B 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. Ust 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 royally fee payment covering the entire accounting period. C beek here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. B156 MalLing ADDRESS OF OWNER OF CABLE SYSTEM MalLing ADDRESS OF OWNER OF CABLE SYSTEM MalLing ADDRESS OF OWNER OF CABLE SYSTEM MalLing ADDRESS OF OWNER OF CABLE SYSTEM MalLing ADDRESS OF OWNER OF CABLE SYSTEM MalLing ADDRESS OF OWNER OF CABLE SYSTEM MalLing ADDRESS OF OWNER OF CABLE SYSTEM MalLing ADDRESS OF OWNER OF CABLE SYSTEM Display the interview and the matter? Sioux Fallis, SD 57117-5040 Sioux Fallis, SD 57117-5040 Divertification of CABLE SYSTEM: AlcomeWasseca, NN MalLing ADDRESS OF CABLE SYSTEM: AlcomeWasseca, NN MalLing ADDRESS OF CABLE SYSTEM: AlcomeWasseca, NN MalLing	Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting Period			2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Period 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. 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 royably fee payment covering the entire accounting period. 8516 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 8516 LEGAL NAME OF OWNER/MAILLING ADDRESS OF CABLE SYSTEM Midcontinent Communications BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 5040 (humber, steer, rual roade, apartment or stalle number) Sioux Fails, SD 57117-5040 Sioux Fails, SD 57117-5040 IDENTIFICATION OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 2 PO Box 5040			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. Ust 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. 8316 Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. 8316 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 MAILING ADDRESS OF OWNER OF CABLE SYSTEM Witcom the system unless these number! Scours Fails, SD 571117-5040 Cay, town, state, app (Tay, town, state, app 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: Alden/Wasseca, MN Mailing ADDRESS OF CABLE SYSTEM: Alden/Wasseca, MN Mailing ADDRESS OF CABLE SYSTEM: PO Box 5040 Mailing ADDRESS OF CABLE SYSTEM: <th>-</th> <th></th> <th></th>	-		
Image: statement of account and royalty fee payment covering the entire accounting period. Image: statement of account and royalty fee payment covering the entire accounting period. Image: check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. Image: statement of account and royalty fee payment covering the entire accounting period. Image: LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Midcontinent Communications Image: BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Midcontinent Communications Image: BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM PO Box 5040 Image: Business of OWNER of CABLE SYSTEM PO Box 5040 Image: Business of Comment of account of the system number) Sioux Fails, SD 57117-5040 Image: Stready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. Image: Beready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. Image: Beready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. Image: Beready appear in space B. Image: Beready appear in space B. Image: Beready appear in space B. Image: Beready appear in space B. Image: Beready appear in space B. Image: Beready appear in space B. Image: Beready appearing space B. Ima	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, zp) 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: Alden/Waseca, MN MAILING ADDRESS OF CABLE SYSTEM: 0 PO Box 5040			
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 IDENTIFICATION OF CABLE SYSTEM: Alden/Waseca, MN MAILING ADDRESS OF CABLE SYSTEM: O PO Box 5040			
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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: Alden/Waseca, MN MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040			Midcontinent Communications
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 IDENTIFICATION OF CABLE SYSTEM: Alden/Waseca, MN MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
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 IDENTIFICATION OF CABLE SYSTEM: Alden/Waseca, MN MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040 PO Box 5040			
Sioux Fails, SD 57117-5040 (City, town, state, zip) 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. System IDENTIFICATION OF CABLE SYSTEM: Alden/Waseca, MN Mailling AdDRESS OF CABLE SYSTEM: PO Box 5040			PO Box 5040
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. System 1 IDENTIFICATION OF CABLE SYSTEM: Alden/Waseca, MN MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040			Sioux Falls, SD 57117-5040
System IDENTIFICATION OF CABLE SYSTEM: Alden/Waseca, MN Mailling address of cable system: PO Box 5040	•	INST	1
1 Alden/Waseca, MN MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040	C	name	
MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040	System	1	
2 Number, street, rural route, apartment, or suite number)			PO Box 5040
Sioux Falls, SD 57117-5040 (City, town, state, zip code)		2	

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 it 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. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Midcontinent Communications	85
	Instructions: List each separate community served by the cable system. A "communit	ty" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated cor	nmunities within unincorporated areas and including single
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area		one parks should be reported in parentileses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Alden/Waseca	MN
Community		
Community	Claremont	MN
	Clarks Grove	MN
d Rows as Necessary	Ellendale	MN
· · · · · · · · · ,	Geneva	MN
	Glenville	MN
	Le Center	MN
	Mapleton	MN
	Medford	MN
	New Richland	MN
	St Clair	MN
	Waterville/Elysian	MN

	LEGAL NAME OF OWNER OF C	ARI E SVOTEM						FORM SA1	TEM ID
Name	Midcontinent Communi		•					515	851
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	convice of t		
-	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	•							
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
Rates	separately for the particular serv		0			•		charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed				y standa	rd rate variatior	ns within a p	oarticular rate	
	category, but do not include disc				o of ooo	ondon tronomi		a that apple	
	Block 1: In the left-hand block 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 u	nder "Servio	e to the	
	first set" and would be counted o					convice that ar	different fr	om these	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.								
	BLO	DCK 1 NO. OF	-				BLOCK		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	 Service to first set 		1,315	22.95 E	Busine	ss Accounts	5	59	22.9
	 Service to additional set(s) 					ef Converter	•	1,379	3.0
	 FM radio (if separate rate) 			Ν	lursing	g Homes		192	21.0
	Motel, hotel								
	Commercial		173	69.95					
	Converter		1,627	3.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC			SIONS RATES					
-	In General: Space F calls for ra				pect to a	Il your cable sy	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 any fate		larged on a var		ogram basis,	
ransmissions:	Block 1: Give the standard rate	te charged by t							
Rates	Block 2: List any services that				•	•	•		
	listed in block 1 and for which a				ned. List	these other ser	vices in the	form of a	
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.			1		
		BLO	-			-		BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERVI		RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:			ation: Non-resid	ential		Divital		40.0
	• Pay cable	16.00		itel, hotel		499.00	Digital '		10.0
	 Pay cable—add'l channel 		_	mmercial		499.00	Cinema		16.0
				y cable			Showtin		16.0
	Fire protection		I ∙Pa	y cable-add'l chai	nnel		Starz!&	Encore	760
	•Burglar protection								16.0
	•Burglar protection Installation: Residential		• Fire	e protection			Dig Spo	orts & Variety	9.0
	•Burglar protection Installation: Residential • First set	25.00	• Fir • Bu	e protection rglar protection			Dig Spo	orts & Variety	
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bu Other	e protection rglar protection services:				orts & Variety	
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Fire • Bu Other • Re	e protection rglar protection services: connect		75.00		orts & Variety	
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fir • Bu Other • Re • Dis	e protection rglar protection services: connect sconnect		-	Dig Spc	orts & Variety	
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Fir • Bu Other • Re • Dis	e protection rglar protection services: connect		75.00 - 25.00		orts & Variety	

Nomo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Midcontinent Commu	nications		85
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	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 not list the station here station was carried only 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 th 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	entify every television station (including in m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6) is explained in the next paragraph. : With respect to any distant stations can les, regulations, or authorizations: a in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	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 suc- he 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 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 educa- luctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAAL-DT	36	N	ROCHESTER, MN (ABC)
	KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
	L			,
d Rows as Necessary	KEYC-DT2	12.2	Ν	MANKATO, MN (FOX)
1 Rows as Necessary	KEYC-DT2 KARE-DT3	12.2 11.3	N I-M	
d Rows as Necessary				MANKATO, MN (FOX)
l Rows as Necessary	KARE-DT3	11.3	I-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime)
I Rows as Necessary	KARE-DT3 KEYC-DT	11.3 12	I-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS)
1 Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT	11.3 12 9	I-M N I	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX)
1 Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4	11.3 12 9 9.4	I-M N I I-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (BUZZR)
d Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT	11.3 12 9 9.4 20	I-M N I I-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (BUZZR) AUSTIN, MN (PBS)
d Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT	11.3 12 9 9.4 20 30	I-M N I I-M E I	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (BUZZR) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45)
d Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT KSTC-DT4	11.3 12 9 9.4 20 30 30.4	I-M N I I-M E I I I-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (BUZZR) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (ANTENNA)
d Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT KSTC-DT4 KSTC-DT3	11.3 12 9 9.4 20 30 30.4 30.3	I-M N I I-M E I I I-M I-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (BUZZR) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (ANTENNA) MINNEAPOLIS, MN (ME TV)
l Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT KSTC-DT4 KSTC-DT4 KSTC-DT3 KSTC-DT6	11.3 12 9 9.4 20 30 30.4 30.3 30.4 30.3 30.6	I-M N I I I-M E I I I-M I-M I-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (BUZZR) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (ANTENNA) MINNEAPOLIS, MN (ME TV)
Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT KSTC-DT4 KSTC-DT4 KSTC-DT3 KSTC-DT6 KSTP-DT	11.3 12 9 9.4 20 30 30.4 30.3 30.6 35	I-M N I I-M E I I I-M I-M I-M N	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (FOX) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (ME TV) MINNEAPOLIS, MN (ME TV) ST PAUL, MN (ABC)
l Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT KSTC-DT4 KSTC-DT3 KSTC-DT6 KSTP-DT KSTP-DT7	11.3 12 9 9.4 20 30 30.4 30.3 30.4 30.3 30.6 35 35.7	I-M N I I-M E I I I-M I-M I-M N I-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (FOX) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (ME TV) MINNEAPOLIS, MN (ME TV) ST PAUL, MN (ABC) ST PAUL, MN (HEROES)
Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT4 KSTC-DT4 KSTC-DT4 KSTC-DT6 KSTP-DT KSTP-DT7 KTCA-DT	11.3 12 9 9.4 20 30 30.4 30.3 30.4 30.3 30.6 35 35.7 34	I-M N I I I-M E I I I-M I-M I-M I-M N I-M E	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (FOX) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (ANTENNA) MINNEAPOLIS, MN (ME TV) ST PAUL, MN (ABC) ST PAUL, MN (HEROES) ST PAUL, MN (PBS)
I Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT4 KSTC-DT4 KSTC-DT3 KSTC-DT6 KSTP-DT KSTP-DT7 KTCA-DT KTCA-DT	11.3 12 9 9.4 20 30 30.4 30.3 30.4 30.3 30.6 35 35.7 34 34.4	i-M N i i i-M E i i i-M i-M i-M i-M i E E E E-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (FOX) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (ANTENNA) MINNEAPOLIS, MN (ME TV) ST PAUL, MN (ABC) ST PAUL, MN (HEROES) ST PAUL, MN (PBS) ST PAUL, MN (PBS)
I Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT4 KSTC-DT4 KSTC-DT3 KSTC-DT6 KSTP-DT KSTP-DT7 KTCA-DT7 KTCA-DT4 KTCA-DT4 KTCA-DT2	11.3 12 9 9.4 20 30 30.4 30.3 30.4 30.3 30.6 35 35.7 34 34.4 34.2	I-M N I I I-M E I I I-M I-M I-M I-M I-M E E E E E E-M E-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (FOX) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (ANTENNA) MINNEAPOLIS, MN (ME TV) ST PAUL, MN (ABC) ST PAUL, MN (HEROES) ST PAUL, MN (PBS) ST PAUL, MN (PBS TPT NOW HD) ST PAUL, MN (PBS KIDS HD)
d Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT KSTC-DT4 KSTC-DT4 KSTC-DT3 KSTC-DT6 KSTP-DT KSTP-DT7 KTCA-DT4 KTCA-DT4 KTCA-DT4 KTCA-DT2 KTTC-DT	11.3 12 9 9.4 20 30 30.4 30.3 30.6 35 35.7 34 34.2 10	I-M N I I I-M E I I I-M I-M I-M I-M I-M E E E E E M E-M N	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (FOX) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (ANTENNA) MINNEAPOLIS, MN (ME TV) ST PAUL, MN (ABC) ST PAUL, MN (HEROES) ST PAUL, MN (PBS) ST PAUL, MN (PBS TPT NOW HD) ST PAUL, MN (PBS KIDS HD) ROCHESTER, MN (NBC)
d Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT4 KSTC-DT4 KSTC-DT3 KSTC-DT6 KSTP-DT KSTP-DT7 KTCA-DT KTCA-DT KTCA-DT4 KTCA-DT2 KTTC-DT2	11.3 12 9 9.4 20 30 30.4 30.3 30.4 30.3 30.6 35 35.7 34 34.4 34.2 10 10.2	I-M N I I I-M E I I I-M I-M I-M I-M E E E-M E-M N I-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (FOX) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (ANTENNA) MINNEAPOLIS, MN (ME TV) ST PAUL, MN (ABC) ST PAUL, MN (ABC) ST PAUL, MN (HEROES) ST PAUL, MN (PBS) ST PAUL, MN (PBS) ST PAUL, MN (PBS TPT NOW HD) ST PAUL, MN (PBS KIDS HD) ROCHESTER, MN (NBC) ROCHESTER, MN (CW)
d Rows as Necessary	KARE-DT3 KEYC-DT KMSP-DT KMSP-DT4 KSMQ-DT KSTC-DT4 KSTC-DT4 KSTC-DT4 KSTC-DT5 KSTC-DT6 KSTP-DT7 KTCA-DT7 KTCA-DT7 KTCA-DT4 KTCA-DT2 KTTC-DT2 KTTC-DT4	11.3 12 9 9.4 20 30 30.4 30.3 30.4 30.3 30.6 35 35.7 34 34.4 34.2 10 10.2 10.4	I-M N I I I-M E I I I-M I-M I-M I-M E E E-M E-M E-M N I-M	MANKATO, MN (FOX) MINNEAPOLIS, MN (TrueCrime) MANKATO, MN (CBS) MINNEAPOLIS, MN (FOX) MINNEAPOLIS, MN (FOX) AUSTIN, MN (PBS) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (IND-45) MINNEAPOLIS, MN (ANTENNA) MINNEAPOLIS, MN (ME TV) ST PAUL, MN (ABC) ST PAUL, MN (ABC) ST PAUL, MN (HEROES) ST PAUL, MN (PBS) ST PAUL, MN (PBS TPT NOW HD) ST PAUL, MN (PBS KIDS HD) ROCHESTER, MN (NBC) ROCHESTER, MN (Court TV)

	1			0.4077
Name	LEGAL NAME OF OWNER O			SYSTEM
	Midcontinent Comm	unications		8
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including tr	•	,
G		em during the accounting period, except (
Primary		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61		
ransmitters:		as explained in the next paragraph.	(0)(2) and (1))], and (2) contain c	
Television		s: With respect to any distant stations car	ried by your cable system on a s	substitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I (the	Special Statement and Program	n Log) if the
	station was carried only or		e Special Statement and Frograf	
		also in space I, if the station was carried	both on a substitute basis and a	lso on some other
		on concerning substitute basis stations, s		
		n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	•	
	"WETA-2" as the same on	5		port multistream
		el number the FCC assigned to the televi	sion station for broadcasting over	er the air in its community
		VRC is channel 4 in Washington, D.C.	ation on independent station of	
		h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo	, , ,	
		, "E" (for noncommercial educational), or		
		erms, see page (iv) of the general instruc		,
		on of each station. For U.S. stations, list th	ne community to which the static	in line panel by the
	IFUC FOR MEXICAN OF CANA		and the second sec	
		adian stations, if any, give the name of the	e community with which the station	
		adian stations, if any, give the name of the	e community with which the station	
	1. CALL SIGN	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	e community with which the station	
				on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	on is identified. 4. LOCATION OF STATION
	1. CALL SIGN WFTC-DT4	2. B'CAST CHANNEL NUMBER 29.4	3. TYPE OF STATION	A. LOCATION OF STATION
	1. CALL SIGN WFTC-DT4 WCCO-DT3	2. B'CAST CHANNEL NUMBER 29.4 32.3	3. TYPE OF STATION I-M I-M	A. LOCATION OF STATION MINNEAPOLIS, MN (MOVIES!) MINNEAPOLIS, MN (DABL)
	1. CALL SIGN WFTC-DT4 WCCO-DT3 KMSP-DT5	2. B'CAST CHANNEL NUMBER 29.4 32.3 9.5	3. TYPE OF STATION I-M I-M I-M	A. LOCATION OF STATION MINNEAPOLIS, MN (MOVIES!) MINNEAPOLIS, MN (DABL) MINNEAPOLIS, MN (THE GRIO)
	1. CALL SIGN WFTC-DT4 WCCO-DT3 KMSP-DT5 KMNF-LD1	2. B'CAST CHANNEL NUMBER 29.4 32.3 9.5 7.1	3. TYPE OF STATION I-M I-M I-M	A. LOCATION OF STATION MINNEAPOLIS, MN (MOVIES!) MINNEAPOLIS, MN (DABL) MINNEAPOLIS, MN (THE GRIO) MANKATO, MN (NBC)

EGAL NAME OF Midcontinen								SYSTEM 85
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	, AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
							·	

Accounting Perio	od: 2021/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Midcontinent Commu	nications						8516
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I	In General: In space I, ident substitute basis during the a	ify every no	nnetwork telev	<i>ision program,</i> broadcast by	y a distant sta	· .	,	
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this no	ae blank. If your answer i	e "Vee " vouu	must comp	_	
	-	, leave the	e rest or this pa	age blank. If your answer i	s res, your	must comp	iete trie proç	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if tl	heir meanin	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a 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.						-	
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which th		censed by	the FCC or.	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	lentified).		
			when your sy	stem carried the substitute	e program. U	se numeral	ls, with the r	nonth
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cahla sveta	m listthe	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		,			s ana rogan		
						N SUBSTI		
	5					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	
							<u> </u>	
							_	
							<u> </u>	
							<u> </u>	
							<u> </u>	
							_	
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Accounting Period:	2021/1		FORM	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		ę	SYSTEM ID#
Name	Midcontinent Communications			8516
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am 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.	secondary transm to compute this a	ission service amount, see \$ 28	
	COPYRIGHT ROYALTY FEE			
L 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 t • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less t See page (vi) of the general instructions located in the paper SA1-2 form for more information	han \$527,600 on.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	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			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but n	nore than \$137,1	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	· · <u> </u>		
	5. Enter the amount from line 3	· · <u> </u>		
	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 (bu	t less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	286,815.51		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	23,015.51		
	4. Multiply line 3 by .01	\$	230.16	
	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		\$	1,549.16
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing For and				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	1,549.16	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,569.16
	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 f	-		ghts!

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 8516
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 . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	31 388
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; (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 X (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
	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.

punting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Icontinent Communications	85
 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
TES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address 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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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