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 COPYRIG	Return completed workbook by email to:		
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
General instru	ems (Short Form) actions are located of this workbook	2/24/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ()	(YYY/(Period))		
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting Period		Barcode Data Filing Period (optiona	al - see instructions)		
	Instructions:				
В			osidiary of another corporation, give the full o	corporate	
Owner	List any other name or names under wh	ich the owner conducts the business o	f the cable system.		
	If there were different owners during th single statement of account and royalty		n the last day of the accounting period should unting period.	d submit a	
	Check here if this is the system's first fili	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	39960	
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTE	м		
	Western Montana CommunityTel I		-		
	BUSINESS NAME(S) OF OWNER C		IT)		
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM			
	312 Main St SW	number)			
	(Number, street, rural route, apartment, or suite <b>Ronan, MT 59864</b> (City, town, state, zip)				
	INSTRUCTIONS: In line 1, give any bus	iness or trade names used to id	entify the business and operation of t	he system unless these	
С	names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:				
	Plains				
	MAILING ADDRESS OF CABLE SYSTE	M:			

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.

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

2

City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I				
Name	Western Montana CommunityTel Inc	399				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single 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 kn 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 home parks should be reported in parentheses below the					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the				
	CITY OR TOWN	STATE				
First Community	Plains	MT				
Add Rows as Necessary						

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Western Montana Com	nunityTel lı	nc						3996
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	n blocks in spa	ce E ca	II for the number	er of subs	cribers to the ca	ble system	, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed			,	ny standa	ard rate variatior	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				rian of and	andon transmit		a that apple	
	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	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	0							
	with the number of subscribers a	and rates, in th	e right-l	hand block. A tv	vo- or thre	ee-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	· 0	
		NO. OF					BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		25	73.15					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel		36	840.77					
	Commercial		17	292.50					
	Converter								
	Residential     Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
-	In General: Space F calls for ra					all your cable sy	stem's serv	rices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the							-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a				0	Ű			
	brief (two- or three-word) descrip	•	-						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable		• Mo	tel, hotel					,
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial					
	<ul> <li>Fire protection</li> </ul>		•Pa	y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	50.00		rglar protection					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Additional set(s)	24.95		services:					
	• FM radio (if separate rate)			connect		50.00			
	• Converter			connect		25.05			
				tlet relocation		35.95 50.00			

ounting Period:								
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 3996				
	Western Montana Co	-		3996				
G Primary ransmitters: Television	<ul> <li>PRIMARY TRANSMITTERS: TELEVISION</li> <li>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, <i>except</i> (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), or 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.</li> <li>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:</li> <li>Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> </ul>							
	<ul> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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.</li> <li>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.</li> <li>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.</li> <li>Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the</li> </ul>							
	FCC. For Mexican or Cana 1. CALL SIGN	4. LOCATION OF STATION						
	KTMF	23	N					
	KECI	13		MISSOULA, MT				
	KECI	13	N	MISSOULA, MT				
ows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
ows as Necessary			N	MISSOULA, MT				
ows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
ows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
ws as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
ows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
ws as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
ws as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
ows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
ows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
Rows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
tows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
Rows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
Rows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
Rows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
Rows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
Rows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
Rows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
Rows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
Rows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				
Rows as Necessary	KPAX	8	N	MISSOULA, MT MISSOULA, MT				

Nestern Mo	ntana Com	munity	/Tel Inc					SYSTEM I 399
	t every radio s	tation ca	rried on a separate and discronerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the statior	y the sys be recei t the Co sign of e he static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. nal was electronically process of 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 re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir 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	
OALL SIGN		3/0	LOCATION OF STATION	UALL SIGN		3/D	LOCATION OF STATION	
						1		

Accounting Perio	od: 2021/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Western Montana Cor	nmunityT	el Inc					39960
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM I C	)G			
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p	onnetwork telev period, under sp	<i>ision program,</i> broadcast b becific present and former F	y a <i>distant</i> stat CC rules, reg	ulations, or a	uthorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN				ine general me			
Special		-						
Statement and	<ul> <li>During the accounting pe</li> </ul>		ur cable syste	m carry, on a substitute ba	asis, any nonr		vision prog	ram
Program Log	broadcast by a distant sta	ation?					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wherever po	ossible, if the	eir meaning	g is
				vision program ("substitut	e program") th	nat. during t	he account	ina
	period, was broadcast by a	a distant sta	ation and that y	our cable system substitu	ted for the pro	ogramming	of another s	station
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for furth	ner informa	tion.
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
			adcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	the case of Mexican or Cal			the community to which the community with which the			he FCC or,	in
				stem carried the substitut			, with the n	nonth
	first. Example: for May 7 gi	ive "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	•	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m.	snould be	
			e listed progra	n was substituted for prog	ramming that	your syster	n was <i>requ</i>	ired
	to delete under ECC rules	and regulat	tions in effect of	luring the accounting perio	nd: enter the l	etter "P" if th	ne listed pro	ogram
								5
	was substituted for prograr	mming that						5
		mming that						
	was substituted for prograr effect on October 19, 1976	mming that		ras permitted to delete und	der FCC rules	and regula	UTE IRRED	7. REASON FOR
	was substituted for prograr effect on October 19, 1976	mming that	your system w	ras permitted to delete und	der FCC rules	and regula	UTE IRRED	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	ras permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	and regula	UTE IRRED MES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	ras permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	and regula	UTE IRRED MES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	ras permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	and regula	UTE IRRED MES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	ras permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	and regula	UTE IRRED MES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	ras permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	and regula	UTE IRRED MES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	ras permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	and regula	UTE IRRED MES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	ras permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	and regula	UTE IRRED MES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	ras permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	And regula	UTE IRRED MES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	ras permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	And regula	UTE IRRED MES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	ras permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	And regula	UTE IRRED MES	7. REASON FOR

Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Western Montana CommunityTel Inc		39960
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	8,547.95 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	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 you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula \$ 263,800.00	,	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	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	4 240 00	
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2021/2						FORM SA1-2E. PAGE
Name		DWNER OF CABLE SYSTEM: ana CommunityTel Inc					SYSTEM ID: 3996
M Channels	to its subscribers 1. Enter the total system carried	ou must give (1) the number s, and (2) the cable system's number of channels on which television broadcast stations	s total numbe ch the cable s	er of activated channels d	uring the ad		13
		able system carried televisior ast services					46
N Individual to Be Contacted		BE CONTACTED IF FURT		RMATION IS NEEDED (Ic	lentify an in	dividual to whom	
for Further Information	Name	Michelle Marengo				Telephone	(406) 676-9218
	Address	312 Main St SW (Number, street, rural route, apar Ronan, MT 59864 (City, town, state, zip)	rtment, or suite	number)			
	Email	michellem@ro	onan.net			Fax (optional) (406) 676-88	89
O Certification	I, the undersigned (Owner (Owner (Agen))     X (Agen)     In (Offic ())     I have examined	t of owner other than corpor line 1 of space B and that the er or partner) I am an officer line 1 of space B. d the statement of account and e, and correct to the best of m	c one, <i>but only</i> <b>partnership</b> <b>pration or pa</b> owner is not r (if a corpora ind hereby dec	y one, of the boxes.) b) I am the owner of the ca intnership) I am the duly a t a corporation or partners ation) or a partner (if a part clare under penalty of law	ble system uthorized ag hip; or thership) of f	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ov ements of fact contained herei	system as identified /ner of the cable system
			Enter an e	/s/ Michelle Marenç	ine above to		
		Typed or printe	Accou	Michelle Marengo nting Mananger			
		(Title of	ronicial position	n held in corporation or partner.	snip)	01/28/2022	

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

GAL NAME OF OWNER OF CABLE SYSTEM:		FORM SA1-2E. PAGE
		SYSTEM ID
stern Montana CommunityTel Inc		3996
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrid lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the call service of providing secondary transmissions of primary broadcast transmitters, the sy scribers and amounts collected from subscribers receiving secondary transmissions p	ble system for the basic ystem shall not include sub-	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the ge located in the paper SA1-2 form.	eneral instructions	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts fo made by satellite carriers to satellite dish owners?	r secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late For an explanation of interest assessment, see page (viii) of the general instructions located		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessmen
	X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
	xdays	
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	•	
	(interest charge)	
Line 4 Multiply line 3 by 0.00274** and enter here	(interest charge)	
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) or further assistance please	
<ul> <li>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</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> </ul>	(interest charge) or further assistance please te. he Copyright Office, please	
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