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	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>			
General instr	ems (Short Form) uctions are located o of this workbook	02/01/2022	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				
		Barcode Data Filing Period (option	al - see instructions)				
Accounting Period							
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the pa		osidiary of another corporation, give the full	corporate			
Owner	List any other name or names under which the owner conducts the business of the cable system.						
	If there were different owners during th single statement of account and royalty		n the last day of the accounting period shoul unting period.	d submit a			
	Check here if this is the system's first fili	ng. If not, enter the system's ID numb	er assigned by the Licensing Division.	61423			
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTE	Μ				
	CABLE & CELLULAR COMMUNIC	ATIONS, LLC					
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFEREN	IT)				
	MAILING ADDRESS OF OWNER O	E CABLE SYSTEM					
	P.O. BOX 280						
	(Number, street, rural route, apartment, or suite CIRCLE, MT 59215 (City, town, state, zip)	number)					
С	<b>INSTRUCTIONS:</b> In line 1, give any bus names already appear in space B. In line						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	2 MAILING ADDRESS OF CABLE SYSTEM						
	(City, town, state, zip code)						
Privacy Act Noti	ce: Section 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect	he personally identifying information (PII) reque	ested on this			

Final of Notice: Section 111 of title 17 of the United States Code autonorzes the Copyright Office to collect the personally identifying information (Pil) 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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM			
Name	CABLE & CELLULAR COMMUNICATIONS, LLC	614			
	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "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 know 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	identified city.				
Fired	CITY OR TOWN SIDNEY	STATE MT			
First Community	FAIRVIEW	MT			
Community					
Add Rows as Necessary					
au nows as necessary					

								FORM SA1			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							SYS	TEM ID 6142		
	CABLE & CELLULAR COMMUNICATIONS, LLC										
_	SECONDARY TRANSMISSION	SERVICE: SI	IBSCR	BERS AND R	ATES						
E	In General: The information in s					y transmission	service of	he cable			
	system, that is, the retransmission										
Secondary Transmission	about other services (including p						those exist	ing on the			
Service: Sub-	last day of the accounting period Number of Subscribers: Both	`				,	ble svstem	. broken			
scribers and	<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates		each categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular serv					•	,				
	Rate: Give the standard rate c unit in which it is generally billed	-									
	category, but do not include disc	• •		,			is within a				
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable			
	systems most commonly provide							0,			
	that applies to your system. Not			-		-					
	categories, that person or entity subscriber who pays extra for ca					• •	•				
	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										
	with the number of subscribers a sufficient.	ind rates, in the	e right-	hand block. A t	wo- or thre	e-word descrip	tion of the s	service is			
		DCK 1					BLOCK	(2			
		NO. OF		DATE	0.17		2) // 0 5	NO. OF	DATE		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE		
	Service to first set		1.240	43.95							
	Service to additional set(s)		1,240	45.55							
	• FM radio (if separate rate)										
	Motel, hotel		28	12.80							
	Commercial		20	12.00							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SSIONS: RATE	S						
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were										
Г	not covered in space E, that is, t					,	,				
Services	service for a single fee. There ar furnished at cost or (2) services	•	,		0		0.	·			
Other Than											
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.										
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res			0,11201				
	• Pay cable		• Mo	otel, hotel			сноіс	E	####		
	• Pay cable—add'l channel		• Co	mmercial			ULTIM	ATE	####		
	Fire protection		•Pa	y cable			STARZ	/ENCORE	17.9		
	•Burglar protection		•Pa	y cable-add'l cł	nannel		SHOW	ГІМЕ/ТМС	19.9		
	Installation: Residential		• Fir	e protection			НВО		23.9		
	• First set	25.00	• Bu	rglar protection							
	<ul> <li>Additional set(s)</li> </ul>			services:							
	• FM radio (if separate rate)		• Re	connect		25.00					
	• Converter		• Dis	sconnect							
	1								1		
			•00	Itlet relocation							
				itiet relocation	ess	25.00					

	LEGAL NAME OF OWNER O	DF CABLE SYSTEM:		SYSTEM					
Name		R COMMUNICATIONS, LLC		61/					
	PRIMARY TRANSMITTERS:	· ·							
<b>G</b> Primary	<b>In General:</b> 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), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a								
ransmitters: Television	Substitute Basis Station basis under specific FCC	as explained in the next paragraph. <b>s:</b> With respect to any distant stations car rules, regulations, or authorizations: ere in space G—but do list it in space I (the							
	station was carried only o		e Special Statement and Program						
	basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same on		ee page (v) of the general instruc ogram services such as HBO, ES air designation. For example, rep	ctions. SPN, etc. Identify each port multistream					
	of license. For example, V Column 3: Indicate in eac	nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C. ch case whether the station is a network st	tation, an independent station, or	a noncommercial					
	(for independent multicast For the meaning of these <b>Column 4:</b> Give the locati	tering the letter "N" (for network), "N-M" (for i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list the adian stations, if any, give the name of the	"E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	tional multicast). n is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KWSE	11	N	Williston, ND					
	KUMV	8	N	Williston, ND					
Rows as Necessary	КМСҮ	14	N	Williston, ND					
	KXGN	5	N	Glendive, MT					
	KXMD	14	Ν	Williston, ND					
	KUSM	8	Ν	Bozeman, MT					
	KXND	8	N	Minot/Williston, ND					
	KXMA-CW	19	N-M	Williston, ND					
		8	N-M						
	KUMV-ME.TV		14-141	Williston, ND					
		8	N						
	KUMV-HD			Williston, ND					
		8	N	Williston, ND Minot/Williston, ND					
	KUMV-HD KXND-HD	8 8	N N	Williston, ND Minot/Williston, ND Williston, ND					
	KUMV-HD KXND-HD KMCY-HD KUSM PBS-HD	8 8 14	N N N	Williston, ND Minot/Williston, ND Williston, ND Bozeman, MT					
	KUMV-HD KXND-HD KMCY-HD KUSM PBS-HD KTVQ CW-HD	8 8 14 8 10	N N N E	Williston, ND Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT					
	KUMV-HD KXND-HD KMCY-HD KUSM PBS-HD KTVQ CW-HD KWSE PBS-HD	8 8 14 8	N N N E N-M E	Williston, ND Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT Williston, ND					
	KUMV-HD KXND-HD KMCY-HD KUSM PBS-HD KTVQ CW-HD KWSE PBS-HD KXGN-HD	8 8 14 8 10 11 5	N N N E N-M	Williston, ND Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT Williston, ND Glendive, MT					
	KUMV-HD KXND-HD KMCY-HD KUSM PBS-HD KTVQ CW-HD KWSE PBS-HD	8 8 14 8 10 11	N N N E N-M E N	Williston, ND Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT Williston, ND					
	KUMV-HD KXND-HD KMCY-HD KUSM PBS-HD KTVQ CW-HD KWSE PBS-HD KXGN-HD	8 8 14 8 10 11 5	N N N E N-M E N	Williston, ND Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT Williston, ND Glendive, MT					
	KUMV-HD KXND-HD KMCY-HD KUSM PBS-HD KTVQ CW-HD KWSE PBS-HD KXGN-HD	8 8 14 8 10 11 5	N N N E N-M E N	Williston, ND Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT Williston, ND Glendive, MT					
	KUMV-HD KXND-HD KMCY-HD KUSM PBS-HD KTVQ CW-HD KWSE PBS-HD KXGN-HD	8 8 14 8 10 11 5	N N N E N-M E N	Williston, ND Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT Williston, ND Glendive, MT					
	KUMV-HD KXND-HD KMCY-HD KUSM PBS-HD KTVQ CW-HD KWSE PBS-HD KXGN-HD	8 8 14 8 10 11 5	N N N E N-M E N	Williston, ND Minot/Williston, ND Williston, ND Bozeman, MT Billings, MT Williston, ND Glendive, MT					

EGAL NAME OF			JNICATIONS, LLC					SYSTEM I 614
								014
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i 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 station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal 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 this point, see pag ed by the cable s re station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		0/D				0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOF	RM SA1-2E. PAGE 5.
Namo	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CABLE & CELLULAR	COMMUN	NICATIONS,	LLC				61423
	SUBSTITUTE CARRIAG				06			
Substitute	In General: In space I, iden substitute basis during the explanation of the program	ntify every no accounting p	onnetwork telev period, under sp	<i>ision program,</i> broadcast by becific present and former F	y a <i>distant</i> sta FCC rules, reg	ulations, c	r authorizati	ons. For a further
Carriage:					ane general in		in the paper	
Special	During the accounting period did your cable system carry on a substitute basis any ponnetwork television progr							oram
Statement and Program Log	broadcast by a distant sta	•			····, ···, ···,		YES	NO
Flogram Log	,				- "X"			
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the pro	ogram
	log in block 2. 2. LOG OF SUBSTITUT							
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if	their meanii	ng is
	clear. If you need more sp	ace, please	add additiona	rows to the tables.				
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, r							
	Do not use general catego	ories like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, '	I Love Lucy	" or
	"NBA Basketball: 76ers vs		depat live ant	or "Voo" Otherwige opter	"No."			
				er "Yes." Otherwise enter " casting the substitute prog				
	Column 4: Give the bro	adcast stati	ion's location (	the community to which th	ne station is lie		the FCC or	, in
	the case of Mexican or Ca						1	
	first. Example: for May 7 g		/ wnen your sy	stem carried the substitute	e program. U	se numera	ais, with the	month
			e substitute pr	ogram was carried by you	ir cable syste	m. List the	e times accu	rately
	to the nearest five minutes		a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should be	9
	stated as "6:00–6:30 p.m."		a listed program	n was substituted for prog	ramming that	vour eve	em was rea	wired
			s listed program					
	to delete under FCC rules	and regulat	tions in effect o	luring the accounting peric	od; enter the l	etter "P" i	r the listed p	rogram
	was substituted for progra	mming that						rogram
		mming that						rogram
	was substituted for progra effect on October 19, 1976	mming that 3.		as permitted to delete und	der FCC rules	and regu	lations in	7. REASON FOR
	was substituted for progra effect on October 19, 1976	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	
	was substituted for progra effect on October 19, 1976 S	mming that 3. SUBSTITUT	your system w	as permitted to delete und	der FCC rules WHE CARRI	N SUBSI	Iations in ITUTE CURRED	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
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	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
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	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
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	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
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	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR
	was substituted for progra effect on October 19, 1976 S	mming that 5. SUBSTITUT 2. LIVE?	your system w E PROGRAM	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	IIIUTE CURRED TIMES	7. REASON FOR

Accounting Period:	2021/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE & CELLULAR COMMUNICATIONS, LLC			SYSTEM ID# 61423
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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 receipt	m's secondary tra f how to compute	ansmission service this amount, see \$ 3	
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 I • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I See page (vi) of the general instructions located in the paper SA1-2 form for more infor	ess than \$527,60 mation.		
	BLOCK 1: GROSS RECEIPTS OF \$137,10	0 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	e that you must pa	y 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	· · · · · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (	but more than \$	137,100)	
	1. Base amount under statutory formula			
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K	······		
	5. Enter the amount from line 3	· · · · · · · <u> </u>		
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			<u> </u>
	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	18		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	0 (but less than \$	\$527,600)	
	1. Enter the amount of gross receipts from space K	339,337	.95	
	2. Base amount under statutory formula	263,800	.00	
	3. Subtract line 2 from line 1	75,537	.95	
	4. Multiply line 3 by .01	<b>\$</b>	755.38	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) $\ldots$ .	<b>\$</b>	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, a	and 6	····· <u>\$</u>	2,074.38
	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)	<u>\$</u>	2,074.38	
	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		\$	2,094.38
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 fo			ghts!

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE & CELLULAR COMMUNICATIONS, LLC	SYSTEM ID# 61423
<b>M</b> 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         on which the cable system carried television broadcast stations and nonbroadcast services	17
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name     Annie Edwards     Telephone       Address     P.O. Box 280 (Number, street, rural route, apartment, or suite number)     Image: Comparison of the suite number of	• <b>406-485-3301</b>
	Circle, MT 59215         (City, town, state, zip)         Email       mrtcreg@midrivers.coop         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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 o 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 here 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)]  //s/ Dane Castleberry //s/ John Smith)  Typed or printed name: Dane Castleberry Title: President (Title of official position held in corporation or partnership)	B; or system as identified wner of the cable system
	Date: 1/25/2022	

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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE & CELLULAR COMMUNICATIONS, LLC	61423
<ul> <li>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."     </li> <li>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.</li> <li>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?     <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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.	
Owner Address	
ID number First community served Accounting period	

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