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					
02/06/22	\$ ALLOCATION NUMBER					
	ALLOCATION NOMBER					

Return completed workbook by email to

## coplicsoa@copyright.gov

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

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
Accounting		Barcode Data Filing Period (optional - see instructions)									
Period											
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.									
Owner		List any other name or names under which the owner conducts the business of the cable system.									
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.									
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
		ProVision LLC									
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM									
		PO Box 1728 (Number, street, rural route, apartment, or suite number)									
		Minot, ND 58702									
		(City, town, state, zip)									
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.									
System	1	IDENTIFICATION OF CABLE SYSTEM:									
		MAILING ADDRESS OF CABLE SYSTEM:									
	2	(Number, street, rural route, apartment, or suite number)									
		(City, town, state, zip code)									

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright 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 filing, a determination that would be made by a court of law.

Accounting Period:	2021/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	ProVision LLC	61647
	Instructions: List each separate community served by the cable system. A "comm	
D	separate and distinct community or municipal entity (including unincorporated or unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will:	
	community." Please use it as the first community on all future filings.	serve as a form of system identification hereafter known as the first
_	Note: Entities and properties such as hotels, apartments, condominiums, or mob	ile home parks should be reported in parentheses below the identified
Area Served	city.	
33.732		
	CITY OR TOWN	STATE
First Community	Altoona	IA
Community	(Oakland Pointe) (Spruce Pointe)	
Add Rows as Necessary	(Altoona Towers)	
Add nows as Necessary	Urbandale	IA
	(Cross Creek)	
	Grimes	IA
	(Oak Crossing)	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**ProVision LLC** 

SYSTEM ID# 61647

# Ε

## Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

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

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

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

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	8	18.95	Service to 1st set	6	72.95
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	460	8.95			
Converter					
Residential					
Non-residential					
		T		T	

# F

## Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE			
Continuing Services:		Installation: Non-residential		
Pay cable		Motel, hotel		
Pay cable—add'l channel		Commercial		
Fire protection		Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	49.95	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	27.50	
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

G

Primary

Transmitters:

Television

ProVision LLC

1. CALL SIGN

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

2. B'CAST CHANNEL NUMBER

WOI Ames, IA 5 Ν **KDSM** 17 ı Des Moines, IA 8 Ν Des Moines, IA KCCI **KFPX** 39 ı Newton, IA Е **KDIN** 11 Des Moines, IA **WHO** 13 Ν Des Moines, IA **KCWI** 23 Ames, IA

3. TYPE OF STATION

Add Rows as Necessary

U.S. Copyright Office

4. LOCATION OF STATION

61647

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

61647

ProVision LLC

### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d· 2021/2						EOR	M SA1-2E. PAGE 5.	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	ΓΕΜ:				FOR	SYSTEM ID#	
Name	ProVision LLC							61647	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG					
1	In General: In space I, identi								
Substitute	substitute basis during the a explanation of the programm								
Carriage:	1. SPECIAL STATEMENT	_			y gorrorar mou	401.01.0	are paper err		
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and Program Log	broadcast by a distant stat	•	·	<b>,</b> ,	·-, -··· <b>,</b> ··-··-		YES	X NO	
r rogram Log									
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.  2. LOG OF SUBSTITUTE	DDOGDA	MC						
	In General: List each subst		_	ate line. Use abbreviations	wherever pos	ssible. if th	neir meaning	is	
	clear. If you need more spa								
	1	,		rision program ("substitute	,	, ,		٠ .	
	period, was broadcast by a under certain FCC rules, re		,	,		, ,		I	
	Do not use general categor								
	"NBA Basketball: 76ers vs.			"" · " · " · " · " · " · " · " · " · " ·					
			,	r "Yes." Otherwise enter "Nasting the substitute progra					
				ne community to which the		ensed by t	the FCC or, ir	1	
	the case of Mexican or Can	adian statio	ns, if any, the	community with which the	station is ide	ntified).			
	Column 5: Give the mor first. Example: for May 7 gives	•	when your sys	tem carried the substitute	program. Use	numeral	s, with the m	onth	
	, , , ,		substitute pro	gram was carried by your	cable system	. List the	times accurat	telv	
	to the nearest five minutes.							<i>'</i>	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progre	mming that	our avete	m waa raaui		
	to delete under FCC rules a			was substituted for progra		-		I	
	was substituted for program	•		0.			. ,	gram	
	effect on October 19, 1976.		,	•		-			
					Whe	N SUBS1	TITLITE	T	
	S	UBSTITUT	E PROGRAM	1	I I		CURRED	7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
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Accounting Period:	<b>2021/2</b> FORM SA1-2E. PAGE 6.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  ProVision LLC  SYSTEM ID# 61647								
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.  MPORTANT: You must complete a statement in space P concerning gross receipts.								
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  • Complete block 1, block 2, or block 3.  • Use block 1 if the amount of gross receipts in space K is \$137,100 or less.  • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800.  • 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.								
	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 this six-month accounting period is \$52.00.								
	Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8								
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 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								
	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								
	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)								
	1. Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)								
	6. Interest charge. Enter the amount from line 4, space Q, page 8								
	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)								
246	2. Filing Fee (See the instructions for more information on filing fee calculations)								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3								
	EFT Trace # or TRANSACTION ID # 26UT4G50								
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.								

Accounting Period: 2	2021/2					FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:				SYSTEM ID# 61647			
<b>M</b> Channels				els on which the cable system carried televisions ber of activated channels during the account					
	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	on which the	I number of activated channel cable system carried television dcast services	n broadc	ast stations		30			
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Identify an individua	al				
for Further Information	Name	Donelda Koble			Telephone	701 838-5776			
	Address	PO Box 1728 (Number, street, rural route, apartm	nent, or sui	te number)					
		Minot, ND 58702 (City, town, state, zip)							
	Email	doneldak@vision	nsystem	s.tv Fax	(optional				
_	CERTIFICATION (	This statement of account mu	ust be cer	tified and signed in accordance with Copyrigh	ht Office regulations)				
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)								
	(Owner	r other than corporation or pa	artnershi	p) I am the owner of the cable system as identi	ified in line 1 of space B	3; or			
				artnership) I am the duly authorized agent of the not a corporation or partnership; or	he owner of the cable s	system as identified			
		er or partner) I am an officer (if in line 1 of space B.	f a corpor	ation) or a partner (if a partnership) of the legal	l entity identified as ow	ner of the cable system			
	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)]								
			X	/s/ Darla Whitty					
				electronic signature on the line above to certify the nature using an "/s/ signature" (e.g., /s/ John Smi					
		Typed or printed	name:	Darla Whitty					
		Title:	Partne le of official	position held in corporation or partnership)					
		Date:			2-6-22				

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counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
oVision LLC	61647
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
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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	_
contact the Licensing Division at (202) 707-8150 or licensing@copyright.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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