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							
1-20-22	\$						
	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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	Barcode Data Filing Period (optional - see instructions)						
Accounting 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						
	WEST CENTRAL TELEPHONE ASSOC.						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	PO BOX 304 (Number, street, rural route, apartment, or suite number)						
	SEBEKA MN 56477						
	(City, town, state, zip)						
С	<b>INSTRUCTIONS:</b> 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:						
System:	1						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number).						
	(Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						

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

	T	FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IDA
	WEST CENTRAL TELEPHONE ASSOC.	0
D	Instructions: List each separate community served by the cable system. A "communi separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will secommunity." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	MENAHGA	MN
Community	NIMROD	MN
	SEBEKA	MN
Add Rows as Necessary	VERNDALE	MN
	WOLF LAKE	MN
	WADENA	MN
	STAPLES	MN

Accounting Period: 2021/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### WEST CENTRAL TELEPHONE ASSOC.

# 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.

BLG	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,657	30.25					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							

# 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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel	T&M		
<ul> <li>Pay cable—add'l channel</li> </ul>	15.95	Commercial	T&M		
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	27.00		
Converter		Disconnect	27.00		
		Outlet relocation	T&M		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#

# WEST CENTRAL TELEPHONE ASSOC.

G

### 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)

**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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KPXM	41	N	MINNEAPOLIS MN
KARE	11	N	MINNEAPOLIS MN
wcco	4	N	MINNEAPOLIS MN
KMSP	9	N	MINNEAPOLIS MN
WFTC	29	Е	MINNEAPOLIS MN
wucw	23	N	MINNEAPOLIS MN
KSTP	5	N	MINNEAPOLIS MN
KSTC	45	N	MINNEAPOLIS MN
KVLY	11	N	FARGO ND
KVRR	15	N	FARGO ND
KXJB	4	N	FARGO ND
WDAY	6	N	FARGO ND

# WEST CENTRAL TELEPHONE ASSOC.

# 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									FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O									SYSTEM ID#
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	G					
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:										
Special	During the accounting period, did your cable system carry, on a substitute basis, any poppetwork television program.									1
Statement and										
Program Log		oroadcast by a distant station?  YES NO  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	,	, icave tric	rest of this pag	ge blank. If your answer	13 1	cs, you me	ast comple	ic tric	prograi	11
	log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."								ion	
	Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can	sign of the s dcast statio	station broadca on's location (th	sting the substitute prog ne community to which the	gram ne st	ation is lice		e FC	C or, in	
	Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes in the state of the column 6: State the state of the st	e "5/7." s when the	substitute pro	gram was carried by you	ır ca	ble system	. List the tii	nes a	accuratel	
	stated as "6:00–6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	ind regulation	ons in effect du	ring the accounting peri	od; e	enter the let	ter "P" if th	e liste	ed progra	
						WHE	N SUBST	TUTI	ГЕ	
	S	UBSTITUT	E PROGRAM	<u> </u>	_	CARR	AGE OCC		DELETIO	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY	6. FROM	TIMES —	S TO	BELLTION
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Accounting Period:	<b>2021/2</b> FOI	RM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WEST CENTRAL TELEPHONE ASSOC.	SYSTEM ID#
<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 tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission sen (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	/ice
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 \$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-mon accounting period is \$52.00	th
	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 \$137,100)	02.00
	1. Base amount under statutory formula	
	Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	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	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	00_
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	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 Register of Cop See page i of the general instructions in the paper SA1-2 form for more information.	pyrights!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		NNER OF CABLE SYSTEM: L TELEPHONE ASSOC.			SYSTEM ID# 0
<b>M</b> Channels	to its subscribers  1. Enter the total	, and (2) the cable system's number of channels on which	of channels on which the cable system total number of activated channels dur h the cable	ing the accounting period.	12
	on which the c	number of activated channe able system carried televisio cast services	n broadcast stations		187
N Individual to Be Contacted		BE CONTACTED IF FURTH	IER INFORMATION IS NEEDED (Ider nt.)	ntify an individual to whom	
for Further Information		JENNIFER GREWE		Telephone	218-837-6023
		PO BOX 304 308 FR (Number, street, rural route, apartr SEBEKA MN 56477 (City, town, state, zip)			
	Email	JENNIFERG@\	VCTA.NET	Fax (optional 218-837-5004	4
)	CERTIFICATION (7	This statement of account mu	ist be certified and signed in accordan	ce with Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne, but only one, of the boxes.)		
	(Owner	other than corporation or p	artnership) I am the owner of the cable	system as identified in line 1 of space B	; or
			tion or partnership) I am the duly author e owner is not a corporation or partnersh		rstem as identified
		<b>r or partner)</b> I am an officer (i n line 1 of space B.	f a corporation) or a partner (if a partners	ship) of the legal entity identified as own	er of the cable system
		e, and correct to the best of m	nereby declare under penalty of law that in the service of law that in the service of the servic		
			X /s/Jennifer Grewe		
			Enter an electronic signature on the line : Enter signature using an "/s/ signature" (		
		Typed or printed	name: JENNIFER GREWE		
		Title:	CONTROLLER le of official position held in corporation or part	nership)	
		Date:		01/20/2022	

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counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EST CENTRAL TELEPHONE ASSOC.	0
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge)  * 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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CONTROL #: REMITTANCE #:

☐Letter sent

 $\square \mathsf{Accepted}$ 

 $\square$  Accepted

Space H Primary Transmitters: Radio

C	Cable Worksheet	Total amount of remittance	Number of SAs re	c'd Initials
		Date of remittance	Check □EFT	☐FILING FEES
Cable ID#				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period				
	☐ January 1 - June 30, 2017	[	July 1 - December 31, 2017	
	☐ Letter sent	]	Information received	
	□Accepted	]	Phone call/Date/Contact	
Space B Owner				
	Letter sent	]	☐Information received	
	□Accepted	]	Phone call/Date/Contact	
Space D Area Served				
	☐ Letter sent	]	☐ Information received	
	□Accepted	]	Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	Letter sent	[	☐Information received	
and Rates	□Accepted	[	☐Phone call/Date/Contact	
Space G Primary Transmitters:				
Television				

 $\ \ \, \square \\ \ \, Information \ received$ 

☐ Phone call/Date/Contact

 $\square$ Phone call/Date/Contact

		Space I Substitute Carriage
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑Letter sent	☐Information received	(SA3 only)
Accepted	☐Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐ Information received	
□Accepted	☐Phoe call/Date/Contact	
		Space M Channels
☐Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	