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				
2/11/22	\$ 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	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20212 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.						
		LECAL NAME OF OWNER/MAILING ADDRESS OF CARLE SYSTEM						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM City of Barnesville Cable TV						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO Box 550 (Number, street, rural route, apartment, or suite number)						
		Barnesville, MN 56514 (City, town, state, zip)						
С	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 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.

Accounting Period:	2021/2	EODM CA4 OF DAGE (A							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#							
Name	City of Barnesville Cable TV	62814							
	Instructions: List each separate community served by the cable system. A "community								
D	"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 known 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 holidentified city.	ome parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First	Barnesville	MN							
Community									
Add Rows as Necessary									

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 62814

City of Barnesville Cable TV

E

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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	331	28.95	Preferred Basic	248	92.95
Service to additional set(s)	264	4.95			
• FM radio (if separate rate)					
Motel, hotel	1	596.33			
Commercial	2	884.29			
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	49.95	НВО	16.00
 Pay cable—add'l channel 		Commercial	49.95		
Fire protection		• Pay cable		HBO/Cinemax	24.50
Burglar protection		 Pay cable-add'l channel 		Starz/Encore	7.95
Installation: Residential		Fire protection		Remote	12.95
• First set	49.95	Burglar protection		Additional Outlet	15.00
 Additional set(s) 		Other services:		Service Call	19.95
 FM radio (if separate rate) 		Reconnect	19.95		
Converter		Disconnect			
		Outlet relocation	19.95		
		Move to new address	19.95		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62814

City of Barnesville Cable TV

G

Primary Transmitters: Television

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KXJB	4	N	FARGO, ND
WDAY	6	N	FARGO, ND
KVRR	10	N	FARGO, ND
KVLY	11	N	FARGO, ND
KFME	13	E	FARGO, ND

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

City of Barnesville Cable TV

62814

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.

H

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	ΛM 05 ΓM	C/D	LOCATION OF STATION	CALLSION	ΛΜ or ΓΝ4	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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od: 2021/2							FC	DRM SA1-2E. PAGE 5.
LEGAL NAME OF OWNER OF		STEM:						SYSTEM ID#
City of Barnesville Cable TV 6281								62814
In General: In space I, iden substitute basis during the a explanation of the programm. 1. SPECIAL STATEMEN During the accounting pe broadcast by a distant stance. If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spoolumn 1: Give the title period, was broadcast by a subscription.	tify every no accounting pring that mu T CONCERTION, did you attion? T', leave the E PROGRA titute prograce, please of every no a distant sta	nnetwork televineriod, under specific to included RNING SUBS are cable system and additional and additional connetwork televition and that y	ision progratice present in this log, so the program of the progra	m, broadcast by ent and former Face page (v) of the ARRIAGE a substitute bath of your answer in the abbreviation to the abbreviation to the abbreviation of the abbrev	y a distant stare CC rules, registe general instants asis, any nonres "Yes," you res wherever preprogram") titled for the program.	ulations, cestructions network testructions nust com cossible, if nat, during	r authorization the paper view of the paper view view view view view view view view	ogram NO rogram ing is unting er station
"NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi	Bulls." m was broa sign of the adcast stati nadian stati nadian stati nadian stati the "5/7." wes when th Example: ter "R" if the and regulat mming that	dcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pr a program car elisted progrations in effect of	er "Yes." Coasting the the community community of the community of the corried by a synthesis of the community of the communi	therwise enter substitute prog nity to which the y with which the dearried by you stem from 6:00 stituted for prog coounting period substituted for period substituted for period substituted for period substituted for perio	"No." ram. le station is lid le program. Use le system r cable system 1:15 p.m. to 6 le programing that led; enter the leder FCC rules	censed by entified). se numer: m. List the :28:30 p.i your sys etter "P" is and regu	the FCC of als, with the etimes accommended in the listed alations in	or, in e month curately oe
S	UBSTITUT	E PROGRAM	1					7. REASON FOR
1. TITLE OF PROGRAM			4 STATIC	N'S LOCATION	5. MONTH			DELETION
	In General: In space I, identicular substitute basis during the a explanation of the programn 1. SPECIAL STATEMEN • During the accounting period broadcast by a distant state of the state	In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu. 1. SPECIAL STATEMENT CONCER. During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant stat under certain FCC rules, regulations, and Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statif the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the tothe nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the toth delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.	In General: In space I, identify every nonnetwork televisubstitute basis during the accounting period, under spexplanation of the programming that must be included. 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable syster broadcast by a distant station? Note: If your answer is "No", leave the rest of this palog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separ clear. If you need more space, please add additiona Column 1: Give the title of every nonnetwork tele period, was broadcast by a distant station and that yunder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadch Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	In General: In space I, identify every nonnetwork television prograsubstitute basis during the accounting period, under specific prese explanation of the programming that must be included in this log, set and in the programming that must be included in this log, set and in the programming that must be included in this log, set and in the programming that must be included in this log, set and in the programming that must be included in this log, set and in the program on the program carry, on broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. I log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use clear. If you need more space, please add additional rows to the Column 1: Give the title of every nonnetwork television progperiod, was broadcast by a distant station and that your cable set under certain FCC rules, regulations, or authorizations. See page 100 not use general categories like "movies" or "basketball." List "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Of Column 3: Give the call sign of the station broadcasting the Column 4: Give the broadcast station's location (the communit case of Mexican or Canadian stations, if any, the communit Column 5: Give the month and day when your system carried first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was to the nearest five minutes. Example: a program carried by a systated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituded for programming that your system was permitted effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former Fexplanation of the programming that must be included in this log, see page (v) of the SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE. * During the accounting period, did your cable system carry, on a substitute base broadcast by a distant station? * Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. * LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. * Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ged not use general categories like "movies" or "basketball." List specific program. "NBA Basketball: "Foers vs. Bulls." **Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." **Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." **Column 7: Enter the letter "R" if the listed program was substituted for program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting peric was substituted for programming that your system was permitted to delete underfect on October 19, 1976. **SUBSTITUTE PROGRAM** 1. TITLE OF PROGRAM**	substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance of the program	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, c explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must com log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if 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, durin period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for find non to use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numer first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable is substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authoriza explanation of the programming that must be included in this log, see page (v) of the general instructions in the pape 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television procadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program of substitute program on a separate line. Use abbreviations wherever possible, if their mean 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 accouperiod, was broadcast by a distant station and that your cable system substituted for the programming of anothe under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Luc "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC of the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried by your cable system. List the times acc to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should the stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your syst

counting Period:	•		1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Barnesville Cable TV	5	YSTEM II 628'					
K 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	\$ 122 (Amount of gro	2,172.00 ss 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 • 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 f accounting period is \$52.00	or 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	···· <u>\$</u>	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13)	7,100)						
	1. Base amount under statutory formula	0_						
	2. Enter amount of gross receipts from space K	_						
ļ	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	· · <u> </u>	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 \$5)	27,600)						
	1. Enter the amount of gross receipts from space K	_						
	2. Base amount under statutory formula	0_						
	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)	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 otal Remittance	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 Re	gister of Copyrig	hts!					

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Barnesville Cable TV	SYSTEM ID# 62814						
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcas to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	5 126						
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Roxi Hacker	Telephone 320-212-3427						
Information	Address 130 Birch Avenue West (Number, street, rural route, apartment, or suite number) Hector, MN 55342							
	(City, town, state, zip) Email roxih@interstatetelcom.com Fax (optional)							
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office re	gulations)						
O Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 iden 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 contare 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)] 							
	Enter an electronic signature on the line above to certify this stateme Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nt.						
	Typed or printed name: Guy Swenson Title: TEC Manager (Title of official position held in corporation or partnership)							
	Date: 2/11/2022							

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

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62814 City of Barnesville Cable TV 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ 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. **Interest Assessment** davs 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 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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