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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

rmation, copyright Division at: 50

Cable Syste	ems (Short Form)			<u>copilcsoa@ioc.g</u>
General instru	uctions are located	02/16/22	\$	For additional info contact the U.S. C Office Licensing D
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-81
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY	Y/(Period))	
			Daried 0 - July 4 December 24	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional -	soo instructions)	
			see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of t the subsidiary, not that of the parent corp	-	ry of another corporation, give the full corp	orate title of
Owner	List any other name or names under whic	h the owner conducts the business of the	cable system.	
		accounting period, only the owner on the ment covering the entire accounting perio	last day of the accounting period should sul d.	bmit a single
	Check here if this is the system's first filin	g. If not, enter the system's ID number ass	igned by the Licensing Division.	6598
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	Midcontinent Communications			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 5040			

DATE RECEIVED

FOR COPYRIGHT OFFICE USE ONLY

AMOUNT

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.

INSTRUCTIONS: 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.

(Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040

(City, town, state, zip)

Mitchell, SD

PO Box 5040

(City, town, state, zip code)

С

System

1

2

Name	Midcontinent Communications	
		6598
D	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ted communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first
Served	city.	
First	CITY OR TOWN Mitchell	STATE SD
Community		
ld Rows as Necessary	/	

Name	LEGAL NAME OF OWNER OF CA							515	TEM ID 659
	Midcontinent Communi	cations							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission	•		0		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or De	ecember	31, as the ca	ase may be	e).		0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the n	•				•			
Ruico	separately for the particular serv	0		•••				onargea	
	Rate: Give the standard rate of	-	-						
	unit in which it is generally billed	•	,			rd rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondarv transmis	sion servi	ce that cable	
	systems most commonly provide	•		•					
	that applies to your system. Not			0		0			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	0			()	service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	nd block. A t	wo- or thre	e-word descripti	on of the s	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	De	RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIDE					VICL	SUBSCRIBERS	
	Service to first set	-	.470	22.95	Busine	ss Accounts		93	22.9
	Service to additional set(s)				High D	ef Converter		1,451	3.0
	• FM radio (if separate rate)					g Homes		146	13.0
	Motel, hotel		84	4.00					
	Commercial		387	69.95					
	Converter	1	,953	3.00					
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for rate						toma'o com		
F		•	'		espect to a	ll vour cable svs	iem s serv	lices that were	
	not covered in space E, that is, t	hose services t	inat are r		•				
	service for a single fee. There a	e two exception	ns: you d	not offered in o not need to	combination give rate	on with any seco information cone	ondary tran cerning (1)	smission services	
Services Other Than	service for a single fee. There are furnished at cost or (2) services	e two exception or facilities furn	ns: you d iished to	not offered in o not need to nonsubscribe	combinatio give rate ers. Rate in	on with any seco information cond nformation shoul	ondary tran cerning (1) ld include l	smission services both the	
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Name Midd PRIM. G PRIM. Primary 76.59 nsmitters: subst subst Subst basis • Do 4 statio • List basis Columnution	ed by your cable system rules and regulations in 9(d)(2) and (4), 76.61(e) titute program basis, as stitute Basis Stations: s under specific FCC rul not list the station here on was carried only on a the station here, and al s. For further information cast stream associated TA-2" as the same on th imn 2: Give the channe ense. For example, WF imn 3: Indicate in each ational station, by enter independent multicast), he meaning of these ter	TELEVISION tify every television station (including t a during the accounting period, <i>except</i> b effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.67 explained in the next paragraph. With respect to any distant stations ca es, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. Iso in space I, if the station was carried a concerning substitute basis stations, if 's call sign. <i>Do not</i> report origination pr with a station according to its over-the- ne form. I number the FCC assigned to the televant RC is channel 4 in Washington, D.C. case whether the station is a network s ing the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), oo ms, see page (iv) of the general instruct	(1) stations carried only on a part-tin e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESP -air designation. For example, report vision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for independent r "E-M" (for noncommercial education	ne basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast).	
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of lice Colu	he meaning of these ter	ms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,	
(for ir For th Colu		ian stations, if any, give the name of th	e community with which the station i	s identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
KDL	_T-DT	46	N	SIOUX FALLS, SD (NBC)	
KDL	_T-DT3	46.3	I-M	SIOUX FALLS, SD (ANTENNA)	
Necessary KEL	_O-DT	11	N	SIOUX FALLS, SD (CBS)	
KEL	_O-DT2	11.2	I-M	SIOUX FALLS, SD (MNT-HD)	
KEL	_O-DT3	11.3	N-M	SIOUX FALLS, SD (WEATHER)	
KES	SD-DT	8	Е	BROOKINGS, SD (PBS)	
KES	SD-DT2	8.2	E-M	BROOKINGS, SD (PBS WORLD)	
KES	SD-DT3	8.3	E-M	BROOKINGS, SD (PBS CREATE)	
KES	SD-DT4	8.4	E-M	BROOKINGS, SD (PBS KIDS)	
KSF	-Y-DT	13	N	SIOUX FALLS, SD (ABC)	
KSF	Y-DT2	13.2	I-M	SIOUX FALLS, SD (CW)	
KSF	FY-DT3	13.3	I-M	SIOUX FALLS, SD (ME TV)	
KDL	_T-DT2	46.2	I	SIOUX FALLS, SD (FOX)	
	M-DT2	12.2	I-M	HURON, SD (THIS TV)	
	_T-DT4	46.4	I-M	SIOUX FALLS, SD, (COZI TV)	
KW	SD-DT	26.1	I	SIOUX FALLS, SD	
	M-DT	12.1		Huron, SD (TCT)	

EGAL NAME OF								SYSTEM II
Midcontinen	t Commun	ication	IS					65
	every radio s	tation ca	rried on a separate and discre					Н
eceivable if (1) on the basis of i	it is carried by monitoring, to prmation abou	y the sys be recei	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t	t the system's hea system's FM ante	adend, and (2 nna, during ce) it can b ertain sta	e expected, ated intervals.	Primary Transmitters Radio
Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	entify the call tate whether t the radio stati this by placing ive the statior	he statio ion's sigr g a checł n's locatio	each station carried. n is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th	e station is licens	ed by the FC			
						e/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Midcontinent Commur	nications						6598
•	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	ccounting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			0			
Special Statement and	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev	vision progran	n
Program Log	broadcast by a distant stat	tion?					YES	×NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ust comple	-	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if the	eir meaning is	5
				sion program ("substitute	program") tha	it, during th	ne accounting	1
	period, was broadcast by a			2		•		
	under certain FCC rules, re Do not use general categor							n.
	"NBA Basketball: 76ers vs.				,		···· , ···	
				r "Yes." Otherwise enter "N				
		•		sting the substitute progra to community to which the		nsed bv th	e FCC or. in	
	the case of Mexican or Can	adian statio	ns, if any, the o	community with which the	station is iden	itified).	-	
		,	when your syst	tem carried the substitute	orogram. Use	numerals	, with the mor	nth
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable system	List the ti	mes accurate	lv
	to the nearest five minutes.		•					.,
	stated as "6:00–6:30 p.m."	ar"D"iftha	liated are grown	was substituted for progra	manning that w	aur avetan		. d
	to delete under FCC rules a			was substituted for progra		•	•	
	was substituted for program	•		0				am
	effect on October 19, 1976.		·			•		
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7.		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
			ON LEE OIGHT				_	
							_	
							_	
							_	

L COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:	vice
K 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 service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, service (s) during the accounting period. Import Ant: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:	l of rice e 388,484.81
K Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission server (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. IMPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:	vice e 388,484.81
Instructions: To compute the royalty fee you owe:	
Instructions: To compute the royalty fee you owe:	
Copyright Royalty Fee • 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	h
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	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula \$ 263,800.00	
2. Enter amount of gross receipts from space K	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K	
5. Enter the amount from line 3	
6. Subtract line 5 from line 4	
7. Multiply line 6 by .005 (enter figure here)	
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K	
2. Base amount under statutory formula \$ 263,800.00	
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	35
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	00
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	2,565.85
FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	35
Due 2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>)0 </u>
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	2,585.85
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.	yrights!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: Communications				SYSTEM ID# 6598
M Channels	to its subscriber 1. Enter the tota	rs, and (2) the cable system's t al number of channels on which	total numbe	on which the cable system carried telever of activated channels during the acco	punting period.	17
	on which the	al number of activated channels cable system carried televisior dcast services	n broadcas	t stations		381
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		MATION IS NEEDED (Identify an indiv	idual to whom	
for Further Information	Name	Rachel Meyer			Telephone	952-844-2655
	Address	3600 Minnesota Drive (Number, street, rural route, apartm Edina, MN 55435 (City, town, state, zip)				
	Email	rachel.meyer@n	midco.com		Fax (optional	
	CERTIFICATION	(This statement of account mu	ust be certifi	ed and signed in accordance with Copy	yright Office regulations)	
O Certification		ed, hereby certify that (Check on er other than corporation or pa		<i>one</i> , of the boxes.) I am the owner of the cable system as id	lentified in line 1 of space B	; or
	(Agent		-	mership) I am the duly authorized agent ot a corporation or partnership; or	of the owner of the cable sy	rstem as identified
	X (Offic	er or partner) I am an officer (if in line 1 of space B.	if a corporati	on) or a partner (if a partnership) of the le	egal entity identified as own	er of the cable system
		ete, and correct to the best of my		re under penalty of law that all statement , information, and belief, and are made ir		
			X	/s/ Rachel Meyer		
				ectronic signature on the line above to cert ture using an "/s/ signature" (e.g., /s/ John	•	
		Typed or printed	I name:	Rachel Meyer		
				r of Programming sition 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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
continent Communications	6598
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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	···
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	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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