THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

DATE RECEIVED	AMOUNT
	\$
01/15/2019	ALLOCATION NUMBER

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

. ~		TEMENT: (Check one of the boxes and fill in the	year date.)
Accounting Period	January 1–June 30 (Year)	July 1-December 31 2018. (Year)	
Bowner		onducts the business of the cable system.	iod should subm
	Southern Montana Telephone Co		
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYS	TEM (IF DIFFERENT):	
	MAILING ADDRESS OF OWNER OF CABLE SYS PO Box 205 (Number, street, rural route, apartment, or suite number)	TEM:	
	Wisdom, MT 59761 (City, town, state, zip)		
C System	Wisdom, MT 59761		lless these name pace B.
C System	Wisdom, MT 59761 (City, town, state, zip) Instructions: In line 1, give any business or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names us already appear in space B. In line 2, give the mailing address or trade names are trade names and trade names are trad		lless these name pace B.
C System D Area Served	Wisdom, MT 59761 (City, town, state, zip) Instructions: In line 1, give any business or trade names us already appear in space B. In line 2, give the mailing address of cable system: MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)	ed to identify the business and operation of the system un iss of the system, if different from the address given in system in system. A "community" is the same as a "community bipal entity (including unincorporated communities withing unity." Please use it as the first community that you list will unity."	y unit" as defined unincorporated ll serve as a form
D Area	Instructions: In line 1, give any business or trade names us already appear in space B. In line 2, give the mailing address of the mailin	ed to identify the business and operation of the system un iss of the system, if different from the address given in system in system. A "community" is the same as a "community bipal entity (including unincorporated communities withing unity." Please use it as the first community that you list will unity."	y unit" as defined unincorporated ll serve as a form

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

FORM SA1-2. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: Southern Montana Telephone Co Name **Instructions:** List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. D Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the Area Served CITY OR TOWN STATE CITY OR TOWN STATE **◀** First Community

LEGAL NAME OF OWNER OF CABLE SYSTEM: Southern Montana Telephone Co

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

BLOCK	(1		BLOC	K 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set	106	\$78.95		SESSET II DE 110	TIMIL
Service to additional set(s)FM radio (if separate rate)	154	\$5.50	•		
Motel, hotel					
Commercial	3	\$118.00	Schools	6	\$0.00
Converter					
ResidentialNonresidential			•••••		
Control of the Contro			***********************		

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	DATE
Continuing Services: Pay cable Pay cable—add'I channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter		Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other Services: • Reconnect • Disconnect • Outlet relocation • Move to new address		ONTEGOTT OF SERVICE	RATE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southern Montana Telephone Co

Name

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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

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.

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KXLF	4.1	1	BUTTE-BOZEMAN MT
KTVM	6.1	1	BUTTE-BOZEMAN MT
KBZK CW	4.2	1	BUTTE-BOZEMAN
KWYB	18		MISSOULA MT
KWYB DT2	19	1	MISSOULA MT

G

Primary Transmitters: Television LEGAL NAME OF OWNER OF CABLE SYSTEM: Southern Montana Telephone Co

H

Primary Transmitters: Radio

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.

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 the Copyright Office regulations on this point, see page (iv) of the general instructions.

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 STATIO
						O, D	ECOAHON OF STATIO
	-						
						—	
						·	
					-		
						_	
						-	
		_				·	
						-	
					-		
					-		
					-		
					_		

Southern Mor								Name
system carried	on a substitu	ite hasis durir	onnetwork tele	NT AND PROGRAM vision program, broado ting period, under speci- e programming that mus	ast by a d	istant station, tha and former FCC r ded in this log, se	it your cable ules, regula- e page (v) of	Substitute
broadcast by	ccounting pe	riod, did your ation?	cable system	TE CARRIAGE carry, on a substitute be blank. If your answer is	asis, any n Tyo	onnetwork televis es No u must complete	ion program	Carriage: Special Statement and Program Log
Column 1: G period, was bro under certain F Do not use gen "NBA Basketba Column 2: If Column 3: G Column 4: G the case of Mey Column 5: G first. Example: f Column 6: S to the nearest fir as "6:00–6:30 p Column 7: Ei to delete under	st each substed more space dive the title chadcast by a difference of the program sive the program sive the broad sican or Canabitive the month for May 7, given the the times over minutes. E. D. m." Inter the letter FCC rules and for program	itute program ce, please att. of every nonn distant station gulations, or a es like "movie Bulls." was broadca ign of the sta dcast station adian stations on and day wh re "5/7." s when the su example: a pro- c "R" if the list d regulations	network television and that your authorizations. es" or "basket ast live, enter tition broadcas" so location (the so, if any, the coen your system ubstitute program carried ted program with offset devices and the program with offset devices and the state of the sta	te line. Use abbreviation pages. Sion program ("substitute cable system substitute. See page (v) of the gertball." List specific program the substitute program the substitute programment of the community to which the carried the substitute arm was carried by your by a system from 6:01:10 yas substituted for programment of the accounting periods of permitted to delete united.	e program of for the properal instruram titles, ""No." ram. he station is program. Use cable syst 5 p.m. to 6 ramming the	") that, during the ogramming of and ctions for further if for example, "I Lo is licensed by the identified). Jse numerals, with the times 3:28:30 p.m. should not your system were syste	accounting other station information. ove Lucy" or FCC or, in the month accurately do be stated was required	
	SI	UBSTITUTE	PROGRAM		WHEN	SUBSTITUTE	7. REASON	
1. TITLE OF	PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		FOR DELETION	
						-		
								
								
								
		-						
		4						

	LECAL MANE OF CHAIRD OF CAST AND	FORM SA1-2. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Southern Montana Telephone Co	
K Gross Ressints	GROSS RECEIPTS Instructions: The figure you give in this space determines the form of the figure you give in this space determines the figure your give in the figure your give your give in the figure your give your give your give your give your give your give your g	t you pay. Enter the total o
Gross Receipts	(as identified in space E) during the accounting period. For a further explanation of how to page (vi) of the general instructions. Gross receipts from subscribers for secondary transmission continue.	compute this amount, see
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 63,340.00 (Amount of gross receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: 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 the Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions for more information.	an or equal to \$263,800 an \$527,600
	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 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. Filing Fee	\$
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2 and 3	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	<u>50</u>
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
1	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. Filing Fee	\$ 20.00
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9	
-	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60)	600)
	Enter the amount of gross receipts from space K \$	
	2 P	_
	2. Base amount under statutory formula	<u>o</u>
	4. Multiply line 3 by .01	
	6. Interest Charge. Enter the amount from line 4, space Q, page 8\$	1,319
	7 [1]: [20.00
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7	\$
!	MPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Cogeneral instructions for more information.	100

Southern Montana Telephone	e Co	Name
CHANNELS Instructions: You must give (1) the to its subscribers, and (2) the cab	ne number of channels on which the cable system carried television broadcast stations ble system's total number of activated channels during the accounting period.	М
1. Enter the total number of chan	nnels on which the cable	Channels
Enter the total number of active channels on which the cable standard number of active channels on which the cable standard number of active channels.	vated system carried television broadcast stations	
INDIVIDUAL TO BE CONTAC	CTED IF FURTHER INFORMATION IS NEEDED tact about this statement of account.)	N
Name Doran Fluckiger		Individual to Be Contacted
Address 205 Hwy 43 (Number, street, rural route, apartment	tt, or suite number)	for Further Information
	pm Fax (optional)	
CERTIFICATION (This statemen tions, as explained in the general i	nt of account must be certified and signed in accordance with Copyright Office regula-	
9-11-1-11	mediations.	0
9-11-1-11	mediations.	
I, the undersigned, hereby cert	tify that (Check one, but only one, of the boxes.) on or partnership) I am the owner of the cable system as identified in line 1 of	Certification
I, the undersigned, hereby cert (Owner other than corporation space B; or	tify that (Check one, but only one, of the boxes.) on or partnership) I am the owner of the cable system as identified in line 1 of	
 I, the undersigned, hereby cert (Owner other than corporation space B; or (Agent of owner other than contable system as identified in line) 	tify that (Check one, but only one, of the boxes.) on or partnership) I am the owner of the cable system as identified in line 1 of corporation or partnership) I am the duly authorized agent of the owner of the ne 1 of space B, and that the owner is not a corporation or partnership; or	
 I, the undersigned, hereby cert (Owner other than corporation space B; or (Agent of owner other than concable system as identified in line) (Officer or partner) I am an off owner of the cable system in line. I have examined the statement. 	tify that (Check one, but only one, of the boxes.) on or partnership) I am the owner of the cable system as identified in line 1 of corporation or partnership) I am the duly authorized agent of the owner of the ne 1 of space B, and that the owner is not a corporation or partnership; or ficer (if a corporation) or a partner (if a partnership) of the legal entity identified as ne 1 of space B.	
 I, the undersigned, hereby cert (Owner other than corporation space B; or (Agent of owner other than concable system as identified in line) (Officer or partner) I am an office owner of the cable system in line. I have examined the statement tained herein are true, complete good faith. [See 18 U.S.C. sec. 	tify that (Check one, but only one, of the boxes.) on or partnership) I am the owner of the cable system as identified in line 1 of corporation or partnership) I am the duly authorized agent of the owner of the ne 1 of space B, and that the owner is not a corporation or partnership; or ficer (if a corporation) or a partner (if a partnership) of the legal entity identified as ne 1 of space B.	
(Owner other than corporation space B; or (Agent of owner other than corporation cable system as identified in line) (Officer or partner) I am an off owner of the cable system in line I have examined the statement tained herein are true, complete good faith. [See 18 U.S.C. sec.	tify that (Check one, but only one, of the boxes.) on or partnership) I am the owner of the cable system as identified in line 1 of corporation or partnership) I am the duly authorized agent of the owner of the ne 1 of space B, and that the owner is not a corporation or partnership; or ficer (if a corporation) or a partner (if a partnership) of the legal entity identified as ne 1 of space B. c of account and hereby declare under penalty of law that all statements of fact cone, and correct to the best of my knowledge, information, and belief, and are made in	
I, the undersigned, hereby cert (Owner other than corporation space B; or (Agent of owner other than concable system as identified in line) (Officer or partner) I am an office owner of the cable system in line. I have examined the statement tained herein are true, complete good faith. [See 18 U.S.C. sec.	tify that (Check one, but only one, of the boxes.) on or partnership) I am the owner of the cable system as identified in line 1 of corporation or partnership) I am the duly authorized agent of the owner of the ne 1 of space B, and that the owner is not a corporation or partnership; or ficer (if a corporation) or a partner (if a partnership) of the legal entity identified as ne 1 of space B. c of account and hereby declare under penalty of law that all statements of fact cone, and correct to the best of my knowledge, information, and belief, and are made in Handwritten signature: Manu Handwritten signature:	

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 completed record of statements of account, and it may affect the legal sufficiency of the filling, a determination that would be made by a court of law.