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					
7/23/2024	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		2023/2 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							
		Dickey Rural Services Inc							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO Box 69 (Number, street, rural route, apartment, or suite number)							
		Ellendale, ND 58436 (City, town, state, zip)							
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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.

FOAT MANE OF COMMERCIA CEASE SYSTEMS   SYSTEMS   233		<b>-</b>	FORM SA1-2E. PAGE							
Dickey Rural Services Inc  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru  "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F. R. 75.5(dd). The first community that you list will serve as a form of system identification hereafter ke as the "first community on all future fillings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  Community  Ashley  Oakes  ND  CITY OR TOWN STATE  First  Oakes  ND  Ashley  ND  Ashley  Milnor  Milnor  ND  Kulm  ND  Lisbon  ND  Lisbon  ND  Lisbon  Rutland  ND  LaMoure  ND  Kathryn  ND  Crete  ND  Fords  ND  Feedonia  ND  ND  Crete  ND  Fords  ND  Crete  ND  Fords  ND  Litchville  ND  Litchville  ND  Forman  ND  Litchville  ND  Fort Ransom  ND  Dickey  ND  Jud  ND  Jud  ND	Name		SYSTEM I							
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings.  CITY OR TOWN  STATE  Oakes  ND  Ashley  ND  Ashley  ND  Ashley  ND  Kulm  ND  Kulm  ND  Lisbon  ND  Rutland  ND  Lisbon  ND  Rutland  ND  Kathryn  ND  Kathryn  ND  Kathryn  ND  Kathryn  ND  Crete  Forbes  ND  Fredonia  Nelvik  Gwinner  ND  Litchville  ND  Litchville  ND  Dickey  Fort Ransom  ND  Dickey  Fullerton  ND  Jud  ND										
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 kn 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 identified city.  CITY OR TOWN STATE  Oakes ND  Ellendale ND  Ashley ND  Ashley ND  Ashley ND  Milinor ND  Kulm ND  Lisbon ND  Ruttand ND  Ruttand ND  LaMoure ND  Kathryn ND  Kathryn ND  Crete ND  Forbes ND  Forbes ND  Forbes ND  Firedonia ND  Nelvik ND  Nelvik ND  ND  Crete ND  ND  Crete ND  ND  Forbes ND  Forbes ND  Forbes ND  Forbes ND  Forman ND  Litchville ND  Fort Ransom ND  Lichville ND  Fort Ransom ND  Lichville ND  Dickey ND  Jud ND										
Area Served  CITY OR TOWN  STATE  Community  First Community  G Rows as Necessary  R Rows as Necessary  R Rows as Necessary  First Community  G Rows as Necessary  First Community  First Community  G Rows as Necessary  First Community  Fi	D									
Area Served         Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.           First Community         CITY OR TOWN         STATE           Community         Dokes         ND           Ashley         ND         ND           Ashley         ND         ND           Kulm         ND         ND           Kulm         ND         ND           Ashley         ND         ND           Kulm         ND         ND           Agarion         ND         ND           Author         ND	_		will serve as a form of system identification nereaiter kind							
CITY OR TOWN   STATE			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							
CITY OR TOWN   STATE			me parks should be reported in parentheses below the							
First Community         Oakes         ND           Community         Ellendale         ND           Ashley         ND           Is rows a Necessary         Edgeley         ND           Milnor         ND           Kulm         ND           Marion         ND           Lisbon         ND           Rutland         ND           LaMoure         ND           Kathryn         ND           Verona         ND           Forbes         ND           Fredonia         ND           Nelvik         ND           Gwinner         ND           Forman         ND           Litchville         ND           Fort Ransom         ND           Fort Ransom         ND           Fullerton         ND           Guelph         ND	Served	identified city.								
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Crete         ND           Forbes         ND           Fredonia         ND           Nelvik         ND           Gwinner         ND           Forman         ND           Litchville         ND           Fort Ransom         ND           Dickey         ND           Fullerton         ND           Guelph         ND           Jud         ND										
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Jud ND										

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**Dickey Rural Services Inc** 

**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	BLOCK 2		
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>			TV Valu-TVVALPK	187	46.25	
<ul> <li>Service to additional set(s)</li> </ul>			TV Only-Valu-TVONLY			
<ul> <li>FM radio (if separate rate)</li> </ul>			TV w/HS-Valu-TVIOVA	102	40.00	
Motel, hotel			TV UF Discounted-TVIOUO	2,991	15.95	
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	30.00		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		<ul> <li>Fire protection</li> </ul>			
• First set	30.00	Burglar protection			
<ul><li>Additional set(s)</li></ul>		Other services:			
• FM radio (if separate rate)		Reconnect	5.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

23265

Accounting Period: 2023/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Dickey Rural Services Inc

SYSTEM ID#

23265

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
KJRR HD	7/7	N	JAMESTOWN, ND FOX
KXMB HD	12/12	N	BISMARK, ND CBS
KXMB (CW)	12/12.2	N-M	BISMARCK, ND CBS
KXMB (LAFF)	12/12.3	N-M	BISMARCK, ND CBS
KXMB (ESCAPE)	12/12.4	N-M	BISMARCK, ND CBS
KFME HD	13/13	<u>E</u>	FARGO, ND PBS
KFME DT2	13/13	E-M	FARGO, ND PBS world
KFME DT3	13/13	E-M	FARGO, ND PBS MINNESOTA
KFME DT4	13/13	E-M	FARGO, ND PBS LIFELONG LEARNING
KBMY HD	17/17	N	BISMARCK, ND ABC
KBMY DT3	17/17.3	N-M	BISMARCK, ND WDAY Xtra
KVRR DT2	19/15.2	N-M	FARGO, ND ANTENNA TV
WDAY HD	21/6	N	FARGO, ND ABC
WDAY DT2	21/6.2	N-M	FARGO, ND JUSTICE
WDAY DT3	21/6.3	N-M	FARGO, ND WDAY Xtra
KNDB (H&I)	26/26.1	<u> </u>	BISMARCK, ND BEK SPORTS NETWORK
KNDB (H&I)	26/26	I	BISMARCK, ND BEK SPORTS NETWORK
KRDK (COZI)	24/4	N	VALLEY CITY, ND COZI
KXJB HD	30/30	N	HORACE, ND CBS
KXJB DT2	30/30.2	N-M	HORACE, ND CW (KXJB DT2-same)
KXJB DT3	30/30.3	N-M	HORACE, ND HEROS & ICONS
KFYR HD	31/5	N	BISMARCK, ND NBC
KFYR HD DT4	31/5.4	N-M	BISMARCK, ND CIRCLE
KFYR HD DT3	31/5.3	N-M	BISMARCK, ND METV
KFYR HD DT5	31/5.5	N-M	BISMARCK, ND QUEST
KNDX HD	38/5.1	N	DICKINSON, ND FOX
KVLY HD	44/11	N	FARGO, ND NBC
KVLY DT3	44/11.3	N-M	FARGO, ND METV
KVLY DT4	36/11.4	N-M	FARGO, ND CIRCLE
KNGF	27.1	I	FARGO, ND BEKTV-E

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Dickey Rural Services Inc** 

23265

### 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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KDDR	AM		OAKES, ND	KSJB	AM		JAMESTOWN, ND
							·
							·

Accounting Perio	Period: 2023/2 FORM SA1-2E. PAGE							M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	Dickey Rural Services	Inc							23265
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEME	NT AND PROGRAM LO	G				
I						ant sta	ition that v	our cable svs	tem carried on a
-	<b>In General:</b> In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried or substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	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:	1. SPECIAL STATEMENT	CONCER	NING SUBS	TITUTE CARRIAGE					
Special	<ul> <li>During the accounting per</li> </ul>	iod, did yοι	ır cable syster	n carry, on a substitute ba	asis, ar	ny nonr	network tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?						YES	X NO
r rogram Log	•		root of this no	and blank If your angueri	o "Voo	"			
	<b>Note:</b> If your answer is "No	, leave the	rest of this pa	ige blank. If your answer	s res	, you i	must comp	piete the prog	gram
	log in block 2.  2. LOG OF SUBSTITUTE		Me						
	In General: List each subst			ate line. Use abbreviation	s wher	ever p	ossible. if	their meanin	a is
	clear. If you need more spa	ce, please	add additional	rows to the tables.		•			
				vision program ("substitut					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor	•							
	"NBA Basketball: 76ers vs.						•	•	
				er "Yes." Otherwise enter					
	Column 3: Give the call : Column 4: Give the broa	•		the community to which the		on is li	censed by	the FCC or.	in
	the case of Mexican or Can	adian stati	ons, if any, the	community with which th	e statio	on is id	entified).		
		-	when your sy	stem carried the substitut	e progi	ram. U	se numera	als, with the r	nonth
	first. Example: for May 7 giv		e substitute pr	ogram was carried by you	ır cahle	eveta	m list the	times accur	ately
	to the nearest five minutes.								atery
	stated as "6:00–6:30 p.m."	·			·		·		
				n was substituted for prog					
	to delete under FCC rules a was substituted for program								ogram
	effect on October 19, 1976.	•	your oyotom w	ao pormittoa to aoroto arr	40 0	O raio	o ana roga		
	·				<del> </del>				
	CI	IDOTITLIT		4	$\parallel$ ,		EN SUBST		7. REASON FOR
	SUBSTITUTE PROGRAM  2. LIVE? 3. STATION'S					CARRIAGE OCCURRED  5. MONTH 6. TIMES			DELETION
	1. TITLE OF PROGRAM	Yes or No				D DAY	FROM	— то	
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Accounting Period:	2023/2	FORM SA1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Dickey Rural Services Inc	SYSTEM ID# 23265					
<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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service					
<b>L</b> 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 t 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	0.00					
	Eme 2. merest enange. Enter the amount herr time 1, space 4, page 5						
	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 \$137,1	00)					
	1. Base amount under statutory formula						
	2. Enter amount of gross receipts from space K						
	3. Subtract line 2 from line 1						
	4. Enter the amount of gross receipts from space K						
	5. Enter the amount from line 3						
	6. Subtract line 5 from line 4						
	7. Multiply line 6 by .005 (enter figure here)						
	8. Interest charge. Enter the amount from line 4, space Q, page 8	_					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)					
	1. Enter the amount of group receipts from appeal /						
	1. Enter the amount of gross receipts from space K						
	2. Base amount under statutory formula						
	3. Subtract line 2 from line 1       \$ 135,252.96         4. Multiply line 3 by .01       \$	1,352.53					
		1,319.00					
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)						
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 2,671.53					
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,671.53					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,691.53					
	EFT Trace # or TRANSACTION ID # 27GA7GDU / 76783413107						
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo						

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	OWNER OF CABLE SYSTEM: Services Inc				SYSTEM ID# 23265
<b>M</b> Channels	to its subscriber  1. Enter the total system carried  2. Enter the total on which the constraints.	es, and (2) the cable system's all number of channels on which television broadcast stations all number of activated channels able system carried television	total nunth the cal		accounting period.	27
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		ORMATION IS NEEDED (Identify an i	individual to whom	
for Further Information	Name	Sue Urlacher			Telephone 7	01-344-6005
	Address	9628 Hwy 281, PO Bo (Number, street, rural route, apart Ellendale, ND 58436 (City, town, state, zip)		suite number)		
	Email	surlacher@drte	el.com		Fax (optional)	
O Certification	I, the undersigned (Owner in in X) (Office in in I have examined to I have examined	ed, hereby certify that (Check of er other than corporation or put of owner other than corporatine 1 of space B and that the other or partner) I am an officer (line 1 of space B.	ne, but or partnersh ation or p wner is no if a corpo hereby de	certified and signed in accordance with only one, of the boxes.)  Inip) I am the owner of the cable system a corporation or partnership; or oration) or a partner (if a partnership) of the cable system and other cable system and other cable system are corporation or partnership; or oration) or a partner (if a partnership) of the cable system and cable system and other cables are made of the cable system and system are cables.	es identified in line 1 of space B; ent of the owner of the cable sys he legal entity identified as owner ments of fact contained herein	or stem as identified
				/s/ Troy Radermacher  n electronic signature on the line above to gnature using an "/s/ signature" (e.g., /s/	•	
		Typed or printed  Title:	Accou	Troy Radermacher  unting Manager  ition held in corporation or partnership)		
		Date:			6-30-24	

**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.

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
key Rural Services Inc	23265
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	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address  Name Mailing Address  Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x day	<u></u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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	<u>-</u>
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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Form SA1-2E Short Form (Rev. 05-17)