

\$11,840.71	6	
Total amount of	Number of SAs rec'd	Initials
remittance		

08/20/21

		Date of remittance	□Check □EFT	☑FILING FEES		
Cable ID #	34844			Amount Initials		
Examined by	Reviewed by	Date examination completed	Allocation number	RIC		
)	10.25.21	1040774	\$2,722.85		
Space A Accounting Period		(enter four digit year and /	1 (for Jan-Jun period) or /2 (for Ju	ıl-Dec period) No spaces)		
Period	☐Letter sent	Information received				
	□Accepted		Phone call/Date/Contact			
Space B Owner						
	☐Letter sent		Information received			
	□Accepted		☐Phone call/Date/Contact			
Space D Area Served						
	□Letter sent		Information received			
	□Accepted		Phone call/Date/Contact			
Space E Secondary Transission						
Service Subscribers:	☐Letter sent	Information received				
and Rates	□Accepted		Phone call/Date/Contact			
Space G Primary Transmitters:						
Television	☐Letter sent		☐Information received			
	□Accepted		☐Phone call/Date/Contact			
Space H Primary Transmitters:						
Radio	□Accepted		Phone call/Date/Contact			

Space I Substitute

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

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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT C 5
LICENSING DIVISION	\$ 2,722.85
AUG 2 2 2021	ALLOCATION NUMBER
RECEIVED	1210774

SA1-2 Short Form

Return to: Library of Congress Copyright Office-LD 101 Independence Avenue SE Washington, DC 20557-6400 (202)707-8150

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

٨	ACC	COUNTING PERIOD COVERED BY	Y THIS STATEMEN	T: (Check one of the boxes and t	fill in the vear date.)		
Accounting Period		anuary 1-June 30 .202.1. (Year)					
B	Give corpo In If to a sing	the full legal name of the owner of the orate title of the subsidiary, not that of the subsidiary, not that of the subsidiary, in that of the subsidiary, in the subsidiary is the subsidiary and the subsidiary in the subsidiary for the subsidiary in the subsidiary for the subsidiary in the subsidiary	the parent corporation th the owner conducts ccounting period, only e payment covering the	the business of the cable system. the owner on the last day of the accou e entire accounting period.	unting period should submit		
	1	LEGAL NAME OF OWNER OF CAB		,			
	2	BUSINESS NAME(S) OF OWNER O		F DIFFERENT):	34844		
	3	PO BOX 411 (Number, street, rural route, apartment, or suite n WALL, SD 57790 (City, town, state, zip)	umber)				
C System	name	ructions: In line 1, give any business of the already appear in space B. In line 2, IDENTIFICATION OF CABLE SYSTEM	give the mailing addre	o identify the business and operation sss of the system, if different from the a	of the system unless these address given in space B.		
	1 FREEMAN HUB						
-	2	MAILING ADDRESS OF CABLE SYS (Number, street, rural route, apartment, or suite number, street, rural route, apartment, or suite number, street, rural route, apartment, or suite number.)					
D Area Served	in F0 area of sy	ructions: List each separate community CC rules: "a separate and distinct com s and including single, discrete unincor stem identification hereafter known as Entities and properties such as hotels, a diffied city.	munity or municipal e porated areas)." 47 C. the "first community."	ntity (including unincorporated commu F.R. §76.5(dd). The first community that Please use it as the first community on	nities within unincorporated tyou list will serve as a form all future filings.		
-		CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First ▶ Community	ARI	MOUR	D D	AVON BRIDGEWATER CORSICA	SD		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:						
GOLDEN WEST CABLEVISION IN	IC		34844	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. 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	CITY OR TOWN	STATE			
MARION	SD	MENNO	SD	◀ First		
PLANKINTON	SD	SCOTLAND	SD	Community		
SPRINGFIELD	SD					
				-		
				1		
	,		.,,			
		-				

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.

BLOCK	1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set	1,716	\$40.19		,	
Service to additional set(s)FM radio (if separate rate)Motel, hotel	199	\$3.88			
Commercial Converter	356	\$5.00			
ResidentialNonresidential					

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 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$30.00	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	\$30.00 \$29.95 \$30.00	HBO CINEMAX SHOWTIME STARZ SELECT EXPANDED BASIC ULTRA DIGITAL PLUS	\$18.75 \$15.00 \$14.00 \$12.00 \$66.45 \$13.95

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
KUSD	2	E	VERMILLION, SD
KUSD DT2	2	E-M	VERMILLION, SD
KUSD DT3	2	E-M	VERMILLION, SD
KUSD DT4	2	E-M	VERMILLION, SD
KDLT	46	N	SIOUX FALLS, SD
KDLT DT2	46	N-M	SIOUX FALLS, SD
KDLT DT3	46	N-M	SIOUX FALLS, SD
KSFY	13	N	SIOUX FALLS, SD
KSFY DT2	13	N-M	SIOUX FALLS, SD
KSFY DT3	13	N-M	SIOUX FALLS, SD
KELO	11	N	SIOUX FALLS, SD
KELO DT2	11	N-M	SIOUX FALLS, SD
КСРО	26	1	SIOUX FALLS, SD
KTTW	7	1	SIOUX FALLS, SD
KWSD	36	1	SIOUX FALLS, SD

G

Primary Transmitters: Television Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

GOLDEN WEST CABLEVISION INC

34844



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 STATION
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the general instructions.

FORM \$A1-2. PAGE 5.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: GOLDEN WEST CABLEVISION INC 34844	Name
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of	Substituto

4	CDECIAL	CTATEMENIT	CONCEDMINIC	elibetitiite	CADDIAGE

· During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program

log in block 2.

2. LOG OF SUBSTITUTE PROGRAMS

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is

clear. If you need more space, please attach additional pages.

Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."

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 or, in 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 numerals, with the month

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 times accurately 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 be stated as "6:00-6:30 p.m."

Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION
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	_				.	
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	··· · · · · · · · · · · · · · · · · ·					
					- English	-
		V-				

Substitute Carriage: Special Statement and **Program Log**

			FURIVI SA1-2. PAGE 6					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GOLDEN WEST CABLEVISION INC		34844					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanat page (vi) of the general instructions. • 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.	system's secor ion of how to	ndary transmission service compute this amount, see					
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 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 for more information.							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	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	e that you must p	pay for this six-month					
	accounting period is \$52.00 Line 1. Royalty fee for accounting period		\$ 52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 · · · · · · · · ·		\$					
	Line 3. Filing Fee		\$ 15.00					
	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 \$137,100)							
	1. Base amount under statutory formula · · · · · · · · · · · · · · · · · · ·	9200,0						
	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		4					
	9. Filing Fee		—					
	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 \$527,600)							
	1. Enter the amount of gross receipts from space K	402,184.77	7					
	2. Base amount under statutory formula	\$ 263,86	00					
	3. Subtract line 2 from line 1	\$138,384.7	7					
	4. Multiply line 3 by .01	\$	\$1,383.85					
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$ 1,319					
	6. Interest Charge. Enter the amount from line 4, space Q, page 8							
	7. Filing Fee	•	\$ 20.00					
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7		\$ 2,722.85					

IMPORTANT: Your remittance must be in the form of an *electronic payment* payable to *Register of Copyrights*. See page i of the general instructions for more information.

FORM SA1-2. PAGE 7.				
LEGAL NAME OF OWNER OF CABLE SYSTEM: GOLDEN WEST CABLEVISION INC	,	34844	Name	
 to its subscribers, and (2) the cable system Enter the total number of channels or system carried television broadcast statements Enter the total number of activated channels on which the cable system or system or system or system or system. 	tations.	accounting period.	M Channels	
(Identify an individual we can contact ab Name RICK REED Address PO BOX 411 (Number, street, rural route, apartment, or suite WALL, SD 57790 (City, town, state, zip)	Telephone Telephone		Individual to Be Contacted for Further Information	
 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.) 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 				
cable system as identified in line 1 of (Officer or partner) I am an officer (ir owner of the cable system in line 1 or I have examined the statement of according to the cable system.	count and hereby declare under penalty of law that correct to the best of my knowledge, information,	or partnership; or the legal entity identified as at all statements of fact con-		
Typed Title:	d or printed name: RICK REED DIRECTOR OF VIDEO SERVICES (Title of official position held in corporation of the service)	r partnership)		
Date				

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