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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	02/27/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	

~	ACC		
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20172 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	63605
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Burlington, Brighton & Wheatland Telephone Company, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717-2152	
		(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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		TDS Telecom, Inc.	
		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 suffciency of the fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name		63605
	Burlington, Brighton & Wheatland Telephone Company, LLC	
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	st 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.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentheses below the
Served	identified city.	
U CI VUU		
	CITY OR TOWN	STATE
First	Wheatland	WI
Community		
Community	Bohners Lake	WI
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SVSTEM						FORM SA1	TEM ID
Name			-					515	6360
	Burlington, Brighton &	wheatland I	elepr	ione compa	any, LLC	•			
Е	SECONDARY TRANSMISSION								
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	`		,	,	,	ole system	, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		ingrit-i	Iana block. A ti					
	BLO	OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:				C, (1				
	Service to first set		300	20.00/mo					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		300	0-8.00/mo					
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	arged on a varia	able per-pr	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the				ala af tha a		a a lista d		
ransmissions.	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a	separate onlarge							
	listed in block 1 and for which a brief (two- or three-word) descrip		e the ra						
								BLOCK 2	
		otion and includ BLOC	CK 1		VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	brief (two- or three-word) descrip	otion and includ BLOC RATE	CK 1 CATEC	ate for each.		RATE	CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ BLOC RATE	CK 1 CATEO Install	ate for each. GORY OF SER		RATE	CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	btion and includ BLOC RATE	CK 1 CATEC Install	ate for each. GORY OF SER ation: Non-res		RATE	CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	btion and includ BLOC RATE	CK 1 CATEC Install • Mo • Co	ate for each. GORY OF SER ation: Non-res itel, hotel		RATE	CATEG		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	btion and includ BLOC RATE	CK 1 CATEC Install • Mo • Co • Pay	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	idential	RATE	CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	btion and includ BLOC RATE	CK 1 CATEC Install • Mo • Co • Pay	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable	idential	RATE	CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	btion and includ BLOC RATE	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	idential	RATE	CATEG		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	Dition and includ BLOC RATE 14-19.99/mo	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection	idential	RATE	CATEG		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	Dition and includ BLOC RATE 14-19.99/mo	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bur • Bur	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection	idential	RATE	CATEG		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	Dition and includ BLOC RATE 14-19.99/mo	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bun Other • Re	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential	RATE	CATEG		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	Dition and includ BLOC RATE 14-19.99/mo	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu • Bu • Bu • Re • Dis	GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential	RATE	CATEG		RAT

	LEGAL NAME OF OWNER O			SYSTEN
	Burlington, Brighton PRIMARY TRANSMITTERS:	& Wheatland Telephone Comp	any, LLC	63
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTMJ	4.1	N	Milwaukee, WI
	WDJT	58.1	N	Milwaukee, WI
	WITI	6.1	N	Milwaukee, WI
	WMLW	49.1	l	Racine, WI
ows as Necessary	WMVS	10.1	E	Milwaukee, WI
	WISN	12.1	N	Milwaukee, WI
	WVTV	18.1	l	Milwaukee, WI
	WBME-CD	58.2	N-M	Milwaukee, WI
	WMVS-DT2	10.2	E-M	Milwaukee, WI
	WPXE	55.1	I	Kenosha, WI
	WYTU	63.1	l	Milwaukee, Wl
	WVCY	30.1	I	Milwaukee, WI
	WTMJ-DT2	4.2	N-M	Milwaukee, WI
	WTMJ-DT2 WMVT	4.2 36.1	N-M E	
				Milwaukee, WI
	WMVT	36.1	E	Milwaukee, WI Milwaukee, WI
	WMVT WMVT-DT3	36.1 36.2	E E-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI
	WMVT WMVT-DT3 WDJT-DT3	36.1 36.2 58.3	E E-M N-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI
	WMVT WMVT-DT3 WDJT-DT3 WDJT-DT4	36.1 36.2 58.3 58.4	E E-M N-M N-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI
	WMVT WMVT-DT3 WDJT-DT3 WDJT-DT4 WMLW-DT2	36.1 36.2 58.3 58.4 49.2	E E-M N-M N-M I-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI
	WMVT WMVT-DT3 WDJT-DT3 WDJT-DT4 WMLW-DT2 WCGV	36.1 36.2 58.3 58.4 49.2 24.1	E E-M N-M N-M I-M I	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI Milwaukee, WI
	WMVT WMVT-DT3 WDJT-DT3 WDJT-DT4 WMLW-DT2 WCGV WCGV-DT2	36.1 36.2 58.3 58.4 49.2 24.1 24.2	E E-M N-M I-M I I-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI Milwaukee, WI Milwaukee, WI

ounting Period:					<u> </u>
Name	LEGAL NAME OF OWNER OF				SYSTEM ID
		& Wheatland Telephone Comp	any, LLC		6360
	PRIMARY TRANSMITTERS:				
G		ntify every television station (including n during the accounting period, <i>exception</i>)			
Ŭ		n effect on June 24, 1981, permitting the			
Primary		e)(2) and (4), or 76.63 (referring to 76.6	51(e)(2) and (4))]; and (2) certain stati	ons carried on a	
ransmitters: Television		s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a sub	stitute program	
Television		iles, regulations, or authorizations:			
		e in space G-but do list it in space I (the substitute basis	he Special Statement and Program L	og)—if the	
	 station was carried only on List the station here, and a 	also in space I, if the station was carried	d both on a substitute basis and also	on some other	
	basis. For further informatio	n concerning substitute basis stations,	see page (v) of the general instruction	ons.	
		n's call sign. <i>Do not</i> report origination p I with a station according to its over-the			
	"WETA-2" as the same on t	5	-an designation. Foi example, lepoi	נ ווועועסע כמווו	
		el number the FCC assigned to the tele	evision station for broadcasting over the	ne air in its community	
		RC is channel 4 in Washington, D.C. case whether the station is a network	station an independent station or a	noncommercial	
	Column 5. Indicate in cach		station, an independent station, or a	Indicontiniciciai	
		ring the letter "N" (for network), "N-M" ((for network multicast), "I" (for indepe	ndent), "I-M"	
	educational station, by ente (for independent multicast),	"E" (for noncommercial educational), o	or "E-M" (for noncommercial educatio		
	educational station, by ente (for independent multicast), For the meaning of these te	"E" (for noncommercial educational), c rms, see page (iv) of the general instru	or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form.	nal multicast).	
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Accounting F							FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
Burlington,	Brighton &	wheat	land Telephone Compa	ny, LLC				63605
all-band basis v Special Instruc	t every radio s vhose signals ctions Conce	station ca were ge rning Al	arried on a separate and discro nerally receivable by your cab I-Band FM Carriage: Under (le system during Copyright Office r	the accountin regulations, ar	ng perioo n FM sig	d. Inal is generally	H Primary
on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	monitoring, to ormation abou rm. dentify the call state whether f the radio stat	be recein the Co sign of the static	tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	system's FM ante his point, see pa	enna, during c ge (v) of the g	ertain si eneral i	tated intervals. nstructions in the.	Transmitters: Radio
Column 4: G	Give the station	n's locati	on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								

Accounting Perio	od: 2017/2					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	Burlington, Brighton &	Wheatla	nd Telephor	e Company, LLC			63605
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOO	G		
	In General: In space I, identi	fy every noi	nnetwork televis	ion program, broadcast by	a <i>distant</i> stati	ion, that your cable syste	em carried on a
	substitute basis during the ad						
Substitute	explanation of the programm				e general instri	uctions in the paper SA1	I-2 form.
Carriage: Special	1. SPECIAL STATEMENT					huark talaviaian program	~
Statement and	 During the accounting peri broadcast by a distant stat 	-	r cable system	carry, on a substitute basi	s, any nonnei		
Program Log	-					YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE		Me				
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible. if their meaning is	5
	clear. If you need more space	ce, please a	add additional i	ows to the tables.		-	
	Column 1: Give the title period, was broadcast by a			sion program ("substitute p			
	under certain FCC rules, reg						
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.		trast live ente	"Yes." Otherwise enter "N	lo "		
				sting the substitute program			
				e community to which the			
	the case of Mexican or Can Column 5: Give the mon			community with which the steep carried the substitute p			nth
	first. Example: for May 7 giv		when your byb			numerale, war are mo	
				gram was carried by your o			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was require	əd
	to delete under FCC rules a						ram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulations in	
	s	UBSTITUT	E PROGRAM	<u> </u>		N SUBSTITUTE	7. REASON FOR
	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	DELETION
						_	
						<u> </u>	
						_	
						_	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Burlington, Brighton & Wheatland Telephone Company, LLC	S	YSTEM ID# 63605
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 1,673.78
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Burlington, Brighton & Wheatland Telephone Company, LLC	SYSTEM ID# 63605
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	23 411
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Peggy Smykal Telephone	(802) 485-9748
	Address 24 Depot Square, Unit 2 (Number, street, rural route, apartment, or suite number)	
	Northfield, VT 05663 (City, town, state, zip)	
	Email finance@tdstelecom.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	
	 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	er of the cable system
	[18 U.S.C., Section 1001(1986)]	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Sharon V. Tisdale	
	Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
	Date: 26 February 2018	

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

ounting Period: 2017/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
rlington, Brighton & Wheatland Telephone Company, LLC	63605
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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