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							
08/15/2018	\$ ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20181 Barcode Data Filing Period (optional - see instructions)
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
		Hollis Telephone Company, Inc.
		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 unless these already 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:
	'	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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2018/1											
Accounting Periou.	2010/1	FORM SA1-2E. PAGE 1b.										
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#										
Name	Hollis Telephone Company, Inc.	63536										
	Instructions: List each separate community served by the cable system. A "community served by the cable system."											
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, twill serve as a form of system identification hereafter known										
Area Served	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										
First	Hollis	NH										
Community												
Add Rows as Necessary												
Add Hows as Necessary												

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Hollis Telephone Company, Inc.

63536

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 sufficient.

BL	OCK 1	BLOCK 2					
04750000 05 0500 405	NO. OF	DATE	04750000 05 050000	NO. OF	DATE		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	920	20.00/mo					
 Service to additional set(s) 							
FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential	920	0-8.00/mo					
Non-residential							
1		1		l	I		

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		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	14-19.99/mo	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set		Burglar protection			
Additional set(s)	0-49.95	Other services:			
• FM radio (if separate rate)		Reconnect			
• Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63536

4 LOCATION OF STATION

Hollis Telephone Company, Inc.

1 CALL SIGN

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.

2 B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WMUR	9.1	N	Littleton, NH
WMUR-DT2	9.2	N-M	Littleton, NH
WBZ	4.1	N	Boston, MA
WBZ-DT2	4.2	N-M	Boston, MA
WFXT	25.1	N	Boston, MA
WFXT-DT2	25.2	N-M	Boston, MA
WBTS-LD	15.1	N	Boston, MA
WLVI	56.1	<u> </u>	Cambridge, MA
WENH	11.1	E	Durham, NH
WENH-DT2	11.2	E-M	Durham, NH
WENH-DT3	11.3	E-M	Durham, NH
WGBH	2.1	E	Boston, MA
WGBX	44.1	E	Boston, MA
WGBX-DT3	44.3	E-M	Boston, MA
WVTA	41.1	E	Windsor, VT
WNEU	60.1	<u>l</u>	Merrimack, NH
WHDH	7.1	<u> </u>	Boston, MA
WHDH-DT2	7.2	I-M	Boston, MA
WMFP	62.1	l	Lawrence, MA
WMFP-DT4	62.4	I-M	Lawrence, MA
WPXG	21.1	l	Concord, NH
WSBK	38.1	l	Boston, MA
WWJE-DT	50.1	l	Derry, NH
WYCU-LD	26.1	<u>l</u>	Charlestown, NH

3 TYPE OF STATION

Add Rows as Necessary

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3.									
	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#									
Name	Hollis Telephone Cor	63536											
	PRIMARY TRANSMITTERS:	TELEVISION											
G		entify every television station (including											
G		em during the accounting period, exception in effect on June 24, 1981, permitting t											
Primary		(e)(2) and (4), or 76.63 (referring to 76.6											
Transmitters:	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												
Television	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												
		d with a station according to its over-th											
	"WETA-2" as the same on												
		nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C.	evision station for broadcasting over tr	ne air in its community									
		h case whether the station is a network	station, an independent station, or a	noncommercial									
		ering the letter "N" (for network), "N-M"											
), "E" (for noncommercial educational), erms, see page (iv) of the general instr		nal multicast).									
		on of each station. For U.S. stations, lis		s licensed by the									
		adian stations, if any, give the name of		•									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION									

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Hollis Telephone Company, Inc.

63536

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.

Н

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
N/A							
N/A	 						
							
	 						
							
	 						
	 						
	 						
							
							
							
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	L						
		·					

Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.					
-	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#					
Name	Hollis Telephone Com	pany, Inc.	•					63536					
	-	-											
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor	nnetwork televis	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	thorizations.	For a further					
Carriage:					io gonorai inot	4040110 111 411	о рарог слт	2 101111.					
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program												
Statement and	ind hand depart by a distant detain?												
Program Log	broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program												
	og 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 add additional rows to the tables.												
	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 statio 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. Column 2: If the progran Column 3: Give the call s	Bulls." n was broac	dcast live, ente	r "Yes." Otherwise enter "	'No."	ampie, i Lo	ve Lucy or						
	Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon	idcast statio adian statio	on's location (th	ne community to which the community with which the	e station is lice e station is ide	ntified).		nth					
	first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	es when the						ly					
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	nd regulation	ons in effect du	ring the accounting perio	d; enter the le	tter "P" if the	listed progr						
	effect on October 19, 1976.	9		o po									
	0	LIDOTITLIT		•	WHE	7 DEASON FOR							
			E PROGRAM 3. STATION'S		-1	IAGE OCCI	IMES	7. REASON FOR DELETION					
	TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	— TO						
							_						
							_						
							_						
							_						
					_								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGE YSTEM I								
Name	Hollis Telephone Company, Inc.				635								
K ss Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you f all amounts (gross receipts) paid to your cable system by subscribers for (as identified in space E) during the accounting period. For a further explapage (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(stations).	the syster anation of s)	m's secondary tran how to compute th	smission servicilis amount, see	ce								
	during the accounting period			\$ 18 (Amount of gr	2,737.83 oss receipts)								
copyright oyalty Fee	OPYRIGHT 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, Use block 3 if the amount of gross receipts in space K is more than \$263, the page (vi) of the general instructions located in the paper SA1-2 form for more	,100 but le ,800 but le	ess than \$527,600	o \$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 this six-month 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. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2												
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)												
	Base amount under statutory formula	263,800.00	_										
	2. Enter amount of gross receipts from space K	\$	182,737.83	<u>_</u>									
	3. Subtract line 2 from line 1	\$	81,062.17	_									
	4. Enter the amount of gross receipts from space K		<u>\$</u>	182,737.83									
	5. Enter the amount from line 3		<u>\$</u>	81,062.17									
	6. Subtract line 5 from line 4		\$	101,675.66									
	7. Multiply line 6 by .005 (enter figure here)			\$	508.38								
	8. Interest charge. Enter the amount from line 4, space Q, page 8			· <u></u>	0.00								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	es 7 and 8		\$	508.38								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$	263,800 ((but less than \$52	27,600)									
	Enter the amount of gross receipts from space K												
	Base amount under statutory formula	\$	263,800.00	_									
	3. Subtract line 2 from line 1			_ _									
	4. Multiply line 3 by .01		<u> </u>										
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula	a)	\$	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											
Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) .		\$	508.38									
Due	2. Filing Fee (See the instructions for more information on filing fee calculation	ns)	<u>\$</u>	20.00									
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	528.38								
	Important: Your remittance must be in the form of an electronic p	payment p	ayable to the Reg	ister of Copyrig	jhts!								
	Important: Your remittance must be in the form of an electronic page i of the general instructions in the paper s				jhts!								

Accounting Period:	2018/1													F	ORM SA1-2E. I	PAGE 7
Name	LEGAL NAME OF OWNER OF Hollis Telephone Comp															EM ID#
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 which the cable system carried television broadcast stations and nonbroadcast services. 394															
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this s			ORMA	ATION IS	NEEDEI	O (Identif	y an ind	lividual	to whor	n					
for Further Information	Name Peggy	Smykal									Telepho	one (8 0	02) 485-	9748		
	(Number, s	oot Square, Unit 2 street, rural route, apartmen ield, VT 05663		uite nun	umber)											
	Email		om.com	m					Fax (d	optional)					
O Certification	(City, town, state, zip)															
		Date:							15 A	August 2	2018					

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counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ollis Telephone Company, Inc.	63536
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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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