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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable System General instruct in the first tab of	ctions	are located	08/22/2018	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))	
		2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20181	Barcode Data Filing Period (option	al - see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of th of the subsidiary, not that of the parent co		sidiary of another corporation, give the full co	rporate title
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 a single statement of account and royalty fer		the last day of the accounting period should	submit a
		Check here if this is the system's first filing	. If not, enter the system's ID numbe	r assigned by the Licensing Division.	63628
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM	1	
		Tri-County Telephone Company, Inc			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	т)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite nu	imber)		
		Madison, WI 53717-2152 (City, town, state, zip)			
С				entify the business and operation of the he system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		TDS Telecom, Inc. MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu			
		(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 fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Nume	Tri-County Telephone Company, Inc.	636
	Instructions: List each separate community served by the cable system. A "commu	nity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Wingate - Lineup A	IN
Community	New Richmond - Lineup A	IN
	Linden - Lineup A	IN
d Rows as Necessary	Colfax - Lineup A	IN
a nows as necessary		IN
	Lafayette - Lineup B	
	Romney - Lineup B	IN

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name			•					515	6362
	Tri-County Telephone (Joinpany, in	C.						
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmissi about other services (including r								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Bot	•					•		
scribers and Rates	down by categories of secondar each category by counting the n	•				•			
Rales	separately for the particular service	•		•••		•		s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·	,		ny standa	rd rate variation	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servi	ice that cable	
	systems most commonly provide	•		•		-			
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted					d in the count ur	nder "Serv	ice to the	
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example,	•							
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	vo- or thre	e-word descript	tion of the	service is	
	sufficient.						BLOCI	<i><</i> 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	• Service to first set		562	20.00/mo					
	Service to additional set(s)		302	20.00/110					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		562	0-8.00/mo					
	Non-residential								
	SERVICES OTHER THAN SEC	-			-				
F	In General: Space F calls for ra				•	• •			
•	not covered in space E, that is, the service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•			•		•	,	
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are cl	narged on a vari	iable per-p	orogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		na cabl	a system for ea	ch of the	applicable servi	cae lietad		
Rates	Block 2: List any services that								
	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descri	ption and includ	e the ra	ate for each.					
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	tion: Non-res	idential				
	Pay cable	14-19.99/mo		el, hotel					
	Pay cable—add'l channel			nmercial					
	Fire protection		-	cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set			glar protection					
	Additional set(s)	0-49.95		services:					
	 FM radio (if separate rate) 			connect					.
	• Converter			oonne at					
	Converter			connect					
	Converter		• Out	connect let relocation ve to new addre					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Tri-County Telephone	Company, Inc.		630
	PRIMARY TRANSMITTERS:	1 27		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on		(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program	-time basis under rams [sections ations carried on a ubstitute program Log)—if the
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel	el number the FCC assigned to the telev	see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	ttions. PN, etc. Identify each port multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or erms, see page (iv) of the general instruct n of each station. For U.S. stations, list t dian stations, if any, give the name of the	for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WRTV	6.1	N	Indianapolis, IN
	WRTV-DT2	6.2	N-M	
		V.2	IN IVI	Indianapolis, IN
	WTTK	29.1	N	Kokomo, IN
Rows as Necessary	WTTK	29.1	N	Kokomo, IN
Rows as Necessary	WTTK WTTK-DT2	29.1 29.2	N N-M	Kokomo, IN Kokomo, IN
Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3	29.1 29.2 29.3	N N-M N-M	Kokomo, IN Kokomo, IN Kokomo, IN
Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN	29.1 29.2 29.3 59.1	N N-M N-M N	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN
Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2	29.1 29.2 29.3 59.1 59.2	N N-M N-M N N N-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN Indianapolis, IN
Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3	29.1 29.2 29.3 59.1 59.2 59.3	N N-M N-M N N-M N-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN Indianapolis, IN
Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR	29.1 29.2 29.3 59.1 59.2 59.3 13.1	N N-M N-M N N-M N-M N	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2	29.1 29.2 29.3 59.1 59.2 59.3 13.1 13.2	N N-M N-M N N-M N-M N-M N-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN
l Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH	29.1 29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1	N N-M N-M N N-M N-M N-M I	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN
Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH WISH-DT2	29.1 29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2	N N-M N-M N N-M N-M N-M I I I-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN
Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH WISH-DT2 WISH-DT3	29.1 29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2 8.3	N N-M N-M N N-M N-M N-M I I I-M I-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN
Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH-DT2 WISH-DT2 WISH-DT3 WNDY	29.1 29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2 8.3 23.1	N N-M N-M N N-M N-M N-M I I I I-M I-M I I	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN
Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2	29.1 29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2 8.3 23.1 23.2	N N-M N-M N N-M N-M N-M I I I-M I I-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN Marion, IN Marion, IN
l Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFY1	29.1 29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2 8.3 23.1 23.2 20.1	N N-M N-M N N-M N-M N-M I I I-M I I-M I E	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN
d Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH-DT2 WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFYI WFYI-DT2	29.1 29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2 8.3 23.1 23.2 20.1 20.2	N N-M N-M N N-M N-M N-M I I I I I I I I I E E E-M	Kokomo, IN Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN Marion, IN Indianapolis, IN
I Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH-DT2 WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFYI WFYI-DT2	29.1 29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2 8.3 23.1 23.2 20.1 20.2	N N-M N-M N N-M N-M N-M I I I I I I I I I E E E-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN
I Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH-DT2 WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFYI WFYI-DT2	29.1 29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2 8.3 23.1 23.2 20.1 20.2	N N-M N-M N N-M N-M N-M I I I I I I I I I E E E-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN
I Rows as Necessary	WTTK WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH-DT2 WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFYI WFYI-DT2	29.1 29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2 8.3 23.1 23.2 20.1 20.2	N N-M N-M N N-M N-M N-M I I I I I I I I I E E E-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN

ounting Period:	2018/1			FORM SA1-2E. PAG				
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	Tri-County Telephone	Company, Inc.		636				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable systen	m during the accounting period, excep	translator stations and low power tele of (1) stations carried only on a part-tim he carriage of certain network program	ne basis under				
Primary	0		61(e)(2) and (4))]; and (2) certain static	•				
Transmitters:		s explained in the next paragraph.						
Television	Substitute Basis Stations:	: With respect to any distant stations c	arried by your cable system on a subs	stitute program				
		lles, regulations, or authorizations:						
			the Special Statement and Program Lo	og)—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							
			, see page (v) of the general instruction					
			program services such as HBO, ESPN					
	"WETA-2" as the same on the	8	e-air designation. For example, report	i multistream				
			evision station for broadcasting over th	a air in its community				
		RC is channel 4 in Washington, D.C.	subor station for broadcasting over an					
			station, an independent station, or a r	oncommercial				
	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"							
		S						
	(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.							
			t the community to which the station is	licensed by the				
	FCC. For Mexican or Canac	Jian stations, if any, give the name of t	the community with which the station is	s identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Tri-County Telephone			63
	PRIMARY TRANSMITTERS:			
G	carried by your cable system FCC rules and regulations in	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t	of (1) stations carried only on a part-ti the carriage of certain network progra	me basis under ms [sections
Primary Fransmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC ru	 e)(2) and (4), or 76.63 (referring to 76.63) s explained in the next paragraph. With respect to any distant stations constructions, or authorizations: a paragraphic density of the list it is paragraphic to the paragraphic density of the list is paragraphic. 	arried by your cable system on a sub	ostitute program
	station was carried <i>only</i> on • List the station here, and a basis. For further information	also in space I, if the station was carrie on concerning substitute basis stations	ed both on a substitute basis and also , see page (v) of the general instruction	on some other ons.
	multicast stream associated "WETA-2" as the same on the	n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele	e-air designation. For example, repo	rt multistream
	of license. For example, Wf Column 3: Indicate in each educational station, by enter (for independent multicast),	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio	noncommercial endent), "I-M"
	Column 4: Give the location	erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	t the community to which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WRTV	6.1	N	Indianapolis, IN
	WRTV-DT2	6.2	N-M	Indianapolis, IN
	/	10.1	NI	
	WLFI	18.1	N	Lafayette, IN
	WLFI WPBI-LD	16.1	N	Lafayette, IN Lafayette, IN
I Rows as Necessary				
ł Rows as Necessary	WPBI-LD	16.1	N	Lafayette, IN
I Rows as Necessary	WPBI-LD WPBI-DT2	16.1 16.2	N N-M	Lafayette, IN Lafayette, IN
l Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2	16.1 16.2 59.2	N N-M N-M	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN
d Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3	16.1 16.2 59.2 59.3	N N-M N-M N-M	Lafayette, IN Lafayette, IN Indianapolis, IN
d Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2	16.1 16.2 59.2 59.3 13.2	N N-M N-M N-M N-M	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
d Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFYI WFYI-DT2	16.1 16.2 59.2 59.3 13.2 20.1 20.2	N N-M N-M N-M N-M E	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
d Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFY1 WFY1-DT2 WDT1	16.1 16.2 59.2 59.3 13.2 20.1 20.2 69.1	N N-M N-M N-M E E E-M	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
d Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFYI WFYI-DT2	16.1 16.2 59.2 59.3 13.2 20.1 20.2	N N-M N-M N-M E E E-M I	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
d Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFY1 WFY1-DT2 WDT1	16.1 16.2 59.2 59.3 13.2 20.1 20.2 69.1	N N-M N-M N-M E E E-M I	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
d Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFY1 WFY1-DT2 WDT1	16.1 16.2 59.2 59.3 13.2 20.1 20.2 69.1	N N-M N-M N-M E E E-M I	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
d Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFY1 WFY1-DT2 WDT1	16.1 16.2 59.2 59.3 13.2 20.1 20.2 69.1	N N-M N-M N-M E E E-M I	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
d Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFY1 WFY1-DT2 WDT1	16.1 16.2 59.2 59.3 13.2 20.1 20.2 69.1	N N-M N-M N-M E E E-M I	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
d Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFY1 WFY1-DT2 WDT1	16.1 16.2 59.2 59.3 13.2 20.1 20.2 69.1	N N-M N-M N-M E E E-M I	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
d Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFY1 WFY1-DT2 WDT1	16.1 16.2 59.2 59.3 13.2 20.1 20.2 69.1	N N-M N-M N-M E E E-M I	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
ld Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFY1 WFY1-DT2 WDT1	16.1 16.2 59.2 59.3 13.2 20.1 20.2 69.1	N N-M N-M N-M E E E-M I	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
ld Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFY1 WFY1-DT2 WDT1	16.1 16.2 59.2 59.3 13.2 20.1 20.2 69.1	N N-M N-M N-M E E E-M I	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
ld Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFY1 WFY1-DT2 WDT1	16.1 16.2 59.2 59.3 13.2 20.1 20.2 69.1	N N-M N-M N-M E E E-M I	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
ld Rows as Necessary	WPBI-LD WPBI-DT2 WXIN-DT2 WXIN-DT3 WTHR-DT2 WFY1 WFY1-DT2 WDT1	16.1 16.2 59.2 59.3 13.2 20.1 20.2 69.1	N N-M N-M N-M E E E-M I	Lafayette, IN Lafayette, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN

ounting Period:	2018/1			FORM SA1-2E. PAG				
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	Tri-County Telephone	Company, Inc.		636				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable systen	m during the accounting period, excep	translator stations and low power tele of (1) stations carried only on a part-tim he carriage of certain network program	ne basis under				
Primary	0		61(e)(2) and (4))]; and (2) certain static	•				
Transmitters:		s explained in the next paragraph.						
Television	Substitute Basis Stations:	: With respect to any distant stations c	arried by your cable system on a subs	stitute program				
		lles, regulations, or authorizations:						
			the Special Statement and Program Lo	og)—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							
			, see page (v) of the general instruction					
			program services such as HBO, ESPN					
	"WETA-2" as the same on the	8	e-air designation. For example, report	i multistream				
			evision station for broadcasting over th	a air in its community				
		RC is channel 4 in Washington, D.C.	subor station for broadcasting over an					
			station, an independent station, or a r	oncommercial				
	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"							
		S						
	(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.							
			t the community to which the station is	licensed by the				
	FCC. For Mexican or Canac	Jian stations, if any, give the name of t	the community with which the station is	s identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

EGAL NAME OF								SYSTEM I 636
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If isignal, indicate t Column 4: G	it is carried by monitoring, to mation about m. entify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par ed by the cable s he station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral in eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AIVI OF T IVI	3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
N/A								
								
							·	
							·	

Accounting Perio	od: 2018/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Tri-County Telephone	Company	y, Inc.					63628
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I	In General: In space I, ident		-		-	tion that your ca	hla evet	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 				sis, anv noni	network televisio	on proar	am
Statement and	broadcast by a distant sta	-						
Program Log	broducasi by a distant sta	uone					YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you ı	must complete th	he prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if their n	neaning	is
	clear. If you need more spa				program") +	hat during the a		22
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.		deest live and	en "Vee " Otherwise enter («NL= "			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by the F	CC or. i	n
	the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	e station is id	entified).		
			when your sy	stem carried the substitute	e program. U	se numerals, wit	th the m	onth
	first. Example: for May 7 gi							1.1.
	to the nearest five minutes.			ogram was carried by you				itely
	stated as "6:00–6:30 p.m."		a program can	neu by a system nom 0.01	i. io p.iii. to c	.20.30 p.m. sno		
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your system wa	as requi	ired
	to delete under FCC rules							ogram
	was substituted for program	•	your system w	as permitted to delete und	ler FCC rules	and regulations	s in	
	effect on October 19, 1976	•						
					WHE	N SUBSTITUTI	E	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURR	RED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	3	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
1				1				

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Tri-County Telephone Company, Inc.	S	STEM ID# 63628
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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.	ssion service mount, see	2,396.93 ss receipts)
L 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,10		
	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 \$527,0	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: elephone Company, Inc.	SYSTEM ID# 63628
M Channels	 to its subscribe Enter the totasystem carrie Enter the totaon which the tota 	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	18 394
N Individual to Be Contacted	we can contact	O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom a about this statement of account.)	N 405 0740
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	I, the undersig (Owr (Age ir X (Offi ir I have examine are true, complet	In the statement of account must be certified and signed in accordance with Copyright Office regulations) In each hereby certify that (Check one, <i>but only one</i> , of the boxes.) Inter other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Int of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or Icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] X /s/ Sharon V. Tisdale	
		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: 22 August 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 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.

unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
County Telephone Company, Inc.	636
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusio
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	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address 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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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	Q Interest Assessme
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