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

STATEM	ENT C	OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
		nsmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	ctions a	ire 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	ACCO	UNTING PERIOD COVERED E			
Accounting Period	[	2010/1	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
<b>B</b> Owner		of the subsidiary, not that of the parent co .ist any other name or names under which	rporation. In the owner conducts the business of the accounting period, only the owner on the payment covering the entire account	the last day of the accounting period should sting period.	
		LEGAL NAME OF OWNER/MAILING			
		Communications Corporation of Ind BUSINESS NAME(S) OF OWNER OF		)	
		MAILING ADDRESS OF OWNER OF 525 Junction Rd. Number, street, rural route, apartment, or suite nu Madison, WI 53717-2152 City, town, state, zip)			
<u> </u>			ess or trade names used to ider	ntify the business and operation of the	e system unless these
C System	1	already appear in space B. In line 2 DENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.	2, give the mailing address of the	e system, if different from the address	s given in space B.
	2	MAILING ADDRESS OF CABLE SYSTEM: Number, street, rural route, apartment, or suite nu City, town, state, zip code)			
		ony, town, state, zip coue)			

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Communications Corporation of Indiana	636
	Instructions: List each separate community served by the cable system. A "communi	
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 li	st will serve as a form of system identification hereafter kno
	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 h	nome parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Whitestown	IN
Community		
Community	Zionsville	IN
	Clayton	IN
dd Rows as Necessary	Plainfield	IN
	Amo	IN
	Stilesville	IN
	Coatesville	IN
	Mooresville	IN
	Liberty	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	
Name	Communications Corpo						010	6363
	•							
Е	SECONDARY TRANSMISSION In General: The information in s			-	rv transmission	service of	the cable	
_	system, that is, the retransmission							
Secondary	about other services (including p	bay cable) in sp	ace F, not here	. All the facts yo	u state must be t			
Transmission	last day of the accounting period	•			,	ala avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•						
Rates	each category by counting the n		•		•			
	separately for the particular serv	vice at the rate i	ndicated-not	he number of se	ets receiving serv	ice).	-	
	Rate: Give the standard rate of							
	unit in which it is generally billed category, but do not include disc				ard rate variation	s within a	particular rate	
	Block 1: In the left-hand block			•	condary transmis	sion servi	ce that cable	
	systems most commonly provide	•		Ũ	,			
	that applies to your system. Not	e: Where an in	dividual or orga	nization is recei	ving service that	falls unde	r different	
	categories, that person or entity				0,	•		
	subscriber who pays extra for ca first set" and would be counted of				d in the count ur	der "Servi	ce to the	
	Block 2: If your cable system				n service that are	different f	from those	
	printed in block 1 (for example, t	-		•				
	with the number of subscribers a	and rates, in the	e right-hand blo	ck. A two- or thre	ee-word descript	on of the	service is	
	sufficient.	OCK 1				BLOCK	( )	
		NO. OF				BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS RAT	E CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:							
	Service to first set	1	,295 20.0	/mo				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial Converter							
	Residential		,295 0-8.00	Vmo				
	Non-residential		,295 0-8.00	<i>"</i> ////0				
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for ra							
•	not covered in space E, that is, t service for a single fee. There a							
Services	furnished at cost or (2) services		,	0		0.	,	
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the							
ranemiccioner							were not	
ransmissions:				-	the decounting			
Rates	Block 2: List any services that listed in block 1 and for which a		e was made or	established. Lis	t these other ser			
	listed in block 1 and for which a brief (two- or three-word) description	separate charg			t these other ser			
	listed in block 1 and for which a	separate charg	le the rate for e		t these other ser			
	listed in block 1 and for which a	separate charg ption and includ BLOC	le the rate for e	ach.	t these other ser		BLOCK 2 DRY OF SERVICE	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charg otion and includ BLOC RATE	le the rate for e CK 1 CATEGORY O	ach.			BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg otion and includ BLOC RATE	le the rate for e CK 1 CATEGORY O	ach. F SERVICE on-residential			BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg otion and includ BLOC RATE	le the rate for e CK 1 CATEGORY O Installation: N	ach. F SERVICE on-residential			BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg otion and includ BLOC RATE	le the rate for e CK 1 CATEGORY O Installation: N • Motel, hote	ach. F SERVICE on-residential			BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg otion and includ BLOC RATE	le the rate for e CK 1 CATEGORY O Installation: N • Motel, hote • Commercia • Pay cable	ach. F SERVICE on-residential			BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg otion and includ BLOC RATE	le the rate for e CK 1 CATEGORY O Installation: N • Motel, hote • Commercia • Pay cable	ach. F SERVICE on-residential I I add'I channel			BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	separate charg otion and includ BLOC RATE	le the rate for e CK 1 CATEGORY O Installation: N • Motel, hote • Commercia • Pay cable • Pay cable	ach. F SERVICE on-residential I I add'I channel ion			BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charg otion and includ BLOC RATE 14-19.99/mo	le the rate for e CK 1 CATEGORY O Installation: N • Motel, hote • Commercia • Pay cable • Pay cable • Fire protect	ach. F SERVICE on-residential I I add'I channel ion tection			BLOCK 2	RATI
	listed in block 1 and for which a 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	separate charg otion and includ BLOC RATE 14-19.99/mo	le the rate for e CK 1 CATEGORY O Installation: N • Motel, hote • Commercia • Pay cable • Pay cable • Fire protect • Burglar pro	ach. F SERVICE on-residential I I add'I channel ion tection			BLOCK 2	RATI
	listed in block 1 and for which a 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)	separate charg otion and includ BLOC RATE 14-19.99/mo	le the rate for e CK 1 CATEGORY O Installation: N • Motel, hote • Commercia • Pay cable • Pay cable • Pay cable • Pay cable • Fire protect • Burglar pro Other services	ach. F SERVICE on-residential I add'I channel ion tection S:			BLOCK 2	RATI
	listed in block 1 and for which a 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)	separate charg otion and includ BLOC RATE 14-19.99/mo	le the rate for e CK 1 CATEGORY O Installation: N • Motel, hote • Commercia • Pay cable • Pay cable • Pay cable • Pay cable • Fire protect • Burglar pro Other services • Reconnect	ach. F SERVICE on-residential I add'I channel ion tection S:			BLOCK 2	RATI

		· ·		OVOTEN
Name	LEGAL NAME OF OWNER OF			SYSTEM 63
	Communications Cor			
G Primary nsmitters: elevision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e 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> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including in during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations calles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), o erms, see page (iv) of the general instru n of each station. For U.S. stations, list	(1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne 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 in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in oncommercial endent), "I-M" onal multicast). is licensed by the
	FCC. For Mexican or Canad	dian stations, if any, give the name of th	ne community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION
	WRTV	6.1	N	Indianapolis, IN
	WRTV-DT2	6.2	N-M	Indianapolis, IN
		0.2	1 N-1N1	
	WTTK	20.1	N	
	WTTK WTTK-DT2	29.1 29.2	N N-M	Kokomo, IN
ws as Necessary	WTTK-DT2	29.2	N-M	Kokomo, IN Kokomo, IN
ows as Necessary	WTTK-DT2 WTTK-DT3	29.2 29.3	N-M N-M	Kokomo, IN Kokomo, IN Kokomo, IN
ws as Necessary	WTTK-DT2 WTTK-DT3 WXIN	29.2 29.3 59.1	N-M N-M N	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN
iws as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2	29.2 29.3 59.1 59.2	N-M N-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN Indianapolis, IN
iws as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3	29.2 29.3 59.1 59.2 59.3	N-M N-M N N-M N-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
iws as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2	29.2 29.3 59.1 59.2	N-M N-M N N-M	Kokomo, IN Kokomo, IN Kokomo, IN Indianapolis, IN Indianapolis, IN
iws as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR	29.2 29.3 59.1 59.2 59.3 13.1	N-M N-M N N-M N-M N	Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN         Indianapolis, IN         Indianapolis, IN         Indianapolis, IN
iws as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2	29.2 29.3 59.1 59.2 59.3 13.1 13.2	N-M N-M N-M N-M N-M N-M	Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN
ws as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH	29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1	N-M N-M N N-M N-M N-M I	Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN
iws as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH WISH-DT2	29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2	N-M N-M N-M N-M N-M I I I-M	Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN
ws as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH WISH-DT2 WISH-DT3	29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2 8.3	N-M N-M N N-M N-M N-M I I I I-M I-M	Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN
iws as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH WISH-DT2 WISH-DT2 WISH-DT3 WNDY	29.2 29.3 59.1 59.2 59.3 13.1 13.2 8.1 8.2 8.3 23.1	N-M N-M N N-M N-M N-M I I I I-M I I	Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN
ows as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH WISH-DT2 WISH-DT2 WISH-DT3 WNDY	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-M N-M N N-M N-M I I I-M I-M I I I-M	Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN         Marion, IN         Marion, IN
ows as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFY1	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-M N-M N N-M N-M N-M I I I-M I-M I I I I-M E	Kokomo, IN         Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN         Marion, IN         Marion, IN         Indianapolis, IN
ows as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFYI WFYI-DT2	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-M N-M N-M N-M N-M I I-M I-M I I-M E E E-M	Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN
ows as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFYI WFYI-DT2	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-M N-M N-M N-M N-M I I-M I-M I I-M E E E-M	Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN
ows as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFYI WFYI-DT2	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-M N-M N-M N-M N-M I I-M I-M I I-M E E E-M	Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN
ows as Necessary	WTTK-DT2 WTTK-DT3 WXIN WXIN-DT2 WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WISH WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFYI WFYI-DT2	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-M N-M N-M N-M N-M I I-M I-M I I-M E E E-M	Kokomo, IN         Kokomo, IN         Kokomo, IN         Indianapolis, IN

counting Period:	2018/1			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	<b>Communications Cor</b>	poration of Indiana		636
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including m during the accounting period, exception of the accounting period, exception of the accounting period, exception of the accounting period of the account		
		in effect on June 24, 1981, permitting t		
Primary		e)(2) and (4), or 76.63 (referring to 76.6	61(e)(2) and (4))]; and (2) certain stat	tions carried on a
Transmitters:		is explained in the next paragraph.	arriad by your apple avotors as a sub	
Television		With respect to any distant stations of ules, regulations, or authorizations:	arried by your cable system on a suc	ostitute program
		e in space G—but do list it in space I (1	the Special Statement and Program I	_oa)—if the
	station was carried only on			
	List the station here, and	also in space I, if the station was carrie	ed both on a substitute basis and also	on some other
		on concerning substitute basis stations		
		n's call sign. <i>Do not</i> report origination		
	"WETA-2" as the same on	d with a station according to its over-th	e-air designation. For example, repo	nt multistream
		el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community
		/RC is channel 4 in Washington, D.C.	<b>3</b>	· · · · · · · · · · · · · · · · · · ·
	Column 3: Indicate in each	n 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),		onal multicast).
		erms, see page (iv) of the general instr on of each station. For U.S. stations, lis		is licensed by the
		dian stations, if any, give the name of t	5	,
	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	tation ca	rried on a separate and discrence of the second sec					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes 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 his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	,, or i m	5,0		C. LE CICIL	, or 1 m	5,0		
N/A								
				L				

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Namo	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Communications Corp	poration o	of Indiana					63630
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				<u>j</u>			
Special	During the accounting per				isis anv noni	network tele	evision nroa	ram
Statement and	broadcast by a distant sta	-		in carry, on a cabolitate se	lolo, arry riori			NO
Program Log	-					L	YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must compl	ete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if th	neir meanin	n is
	clear. If you need more spa				s wherever p			9 13
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				•		
				er "Yes." Otherwise enter " casting the substitute progr				
				the community to which th		censed by t	the FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).		
	Column 5: Give the mor first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numeral	s, with the r	nonth
	. , , ,		e substitute pr	ogram was carried by you	r cable svste	m. List the	times accur	atelv
	to the nearest five minutes.							<b>,</b>
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romming that	t vour evete		irod
	to delete under FCC rules a							
	was substituted for program	nming that						
	effect on October 19, 1976							
	S	UBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH AND DAY		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROIVI	— то	
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Accounting Period:	2018/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
Name	Communications Corporation of Indiana				63630
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an 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 explanatic 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 re	ystem's se on of how to	condary transm o compute this a	ission service amount, see \$2	
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 t Use block 3 if the amount of gross receipts in space K is more than \$137,100 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than nformation	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	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 lin	000 1 ond 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula		263,800.00	00)	
	2. Enter amount of gross receipts from space K		-		
			257,150.08		
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K			257,150.08	
	5. Enter the amount from line 3			6,649.92	
	6. Subtract line 5 from line 4		\$ 2	250,500.16	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,252.50
	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		\$	1,252.50
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
			262 800 00		
	2. Base amount under statutory formula		263,800.00		
	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 DU	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,252.50	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,272.50
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: <b>ns Corporation of Indiana</b>			SYSTEM ID# 63630
M Channels	<ul> <li>to its subscribers,</li> <li>1. Enter the total r system carried to</li> <li>2. Enter the total r on which the cat</li> </ul>	and (2) the cable system's tot number of channels on which t elevision broadcast stations number of activated channels ble system carried television b		counting period.	28 307
N Individual to Be Contacted for Further	we can contact at	BE CONTACTED IF FURTHE bout this statement of account. Peggy Smykal	R INFORMATION IS NEEDED (Identify an ind )	ividual to whom Telephone <b>(802</b>	) 485-9748
Information	Address	24 Depot Square, Unit (Number, street, rural route, apartme Northfield, VT 05663 (City, town, state, zip)	: <b>2</b> nt, or suite number)		
	Email	finance@tdstelec	com.com	Fax (optional)	
O Certification	I, the undersigned     (Owner     (Agent     in lin     X     (Office     in lin     · I have examined	d, hereby certify that (Check on other than corporation or par of owner other than corporati he 1 of space B and that the ow or or partner) I am an officer (if he 1 of space B. the statement of account and he , and correct to the best of my k	It be certified and signed in accordance with Co e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system at ion or partnership) I am the duly authorized age mer is not a corporation or partnership; or a corporation) or a partner (if a partnership) of th ereby declare under penalty of law that all stater mowledge, information, and belief, and are made	s identified in line 1 of space B; or ent of the owner of the cable system ne legal entity identified as owner of ments of fact contained herein	
			X /s/ Sharon V. Tisdale		
			hame: Sharon V. Tisdale Assistant Treasurer all 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 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.

ounting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
nmunications Corporation of Indiana	636
<ul> <li>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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address     Mailing Address	
	····
<b>INTEREST ASSESSMENT</b> 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
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         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         x       -         (interest charge)         *       To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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 serv	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	<pre>Interest Assessme</pre>
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<pre>Interest Assessme</pre>
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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