This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/21/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
A		20181 Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	63632
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Grantland Telecom LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717-2152 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		TDS Telecom, Inc MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Grantland Telecom LLC	63632
D	Instructions: List each separate community served by the cable system. A "cod" "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	ited communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Fennimore	WI
Community	Bagley	WI
	Bloomington	WI
Add Rows as Necessary	Patch Grove	WI

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM IC
Name	Grantland Telecom LLC							010	6363
		,							
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n	pace E should on of television bay cable) in sp I (June 30 or D n blocks in span y transmission	cover al and rad ace F, n ecembe ce E call service.	I categories of io broadcasts iot here. All the r 31, as the ca for the numbe In general, yo	secondary by your syster facts you se may be er of subsc u can com	stem to subscri state must be t ). ribers to the cal pute the numbe	bers. Give those existi ble system er of subscr	information ng on the , broken ibers in	
	separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	harged for eac . (Example: "\$2 counts allowed in space E, the to their subsc	h catego 20/mth"). for adva e form lis ribers. G	ory of service. Summarize a nce payment. sts the categor Give the numbe	nclude bo ny standar ies of seco er of subsc	th the amount of rd rate variation ondary transmis ribers and rate	of the charg s within a p ssion servic for each lis	particular rate that cable ted category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	should be cour able service to a once again und has rate catego iers of services	nted as a additiona er "Serv ories for a that inc	a subscriber in al sets would b ice to additiona secondary trai lude one or mo	each appl e included al set(s)." nsmission ore second	icable category in the count un service that are dary transmission	: Example: ader "Servic different fr ons), list the	a residential ce to the rom those em, together	
	BL	OCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set		673	20.00/mo					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter     Residential		673	0-8.00/mo					
	Non-residential		0.0	0 0.00/110					
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscrit hose services i re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem furn e was m	mation with re not offered in ( do not need to p nonsubscribe billed. If any ra e system for ea nished or offer- nade or establi	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any secc information con- formation shou arged on a vari applicable servio the accounting p	ondary trans cerning (1) ld include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	14-19.99/mo		el, hotel	acilidi				
	Pay cable—add'l channel			nmercial					
	Fire protection		,	cable					
	•Burglar protection		,	cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set		• Bur	glar protection					
	First set     Additional set(s)	0-49 95	Other e	ervices.					
	<ul> <li>Additional set(s)</li> </ul>	0-49.95		services:					
		0-49.95	• Rec						

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Grantland Telecom L	LC		636
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr. • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channa 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 locatio	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I ( a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations of 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 tel (RC is channel 4 in Washington, D.C. a case whether the station is a network rring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also of s, see page (v) of the general instruction program services such as HBO, ESPN ne-air designation. For example, report evision station for broadcasting over the s station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. J, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	жож	27.1		Madison, WI
	WKOW-DT2		N-M	Madison, WI
	WKOW-DT3		N-M	Madison, WI
	wisc	3.1		Madison, WI
Rows as Necessary	WISC-DT2		N-M	Madison, WI
, ions as necessary	WMSN	47.1		Madison, WI
	WMSN-DT2		N-M	Madison, WI
	WMTV	15.1		Madison, WI
	WMTV-DT2		N-M	Madison, WI
	WMTV-DT3		N-M	Madison, WI
	WMTV-DT4		N-M	Madison, WI
	WHA	21.1		Madison, WI
	WHA-DT2	21.2		Madison, WI
	WHA-DT3		E-M	Madison, WI
	WHA-DT4		E-M	Madison, WI
	WIFS	57.1		Janesville, WI
			•	
			•	
		*		

-				
Name	LEGAL NAME OF OWNER OF			SYSTEM II
	Grantland Telecom Ll	LC		6363
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>^</b>	In General: In space G, ide	ntify every television station (including	translator stations and low power tele	evision stations)
G		n during the accounting period, except	.,	
Drimon		n effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.6		
Primary Transmitters:		s explained in the next paragraph.		ons carried on a
Television		: With respect to any distant stations ca	arried by your cable system on a subs	stitute program
		lles, regulations, or authorizations:		N 77 H
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (tl a substitute basis	he Special Statement and Program Lo	og)—It the
		also in space I, if the station was carried	d both on a substitute basis and also	on some other
	basis. For further informatio	n concerning substitute basis stations,	see page (v) of the general instructio	ons.
		n's call sign. <i>Do not</i> report origination p	-	•
	"WETA-2" as the same on t	I with a station according to its over-the he form	e-air designation. For example, report	thulustream
		el number the FCC assigned to the tele	evision station for broadcasting over th	ne air in its community
		RC is channel 4 in Washington, D.C.		
		case whether the station is a network	•	
		ring the letter "N" (for network), "N-M" (		
	(for independent multicast)	"F" (for noncommercial educational) of	or "E-M" (for noncommercial education	nal multicast)
		"E" (for noncommercial educational), or rms, see page (iv) of the general instru		nal multicast).
	For the meaning of these te <b>Column 4:</b> Give the location	rms, see page (iv) of the general instrunn of each station. For U.S. stations, list	ictions in the paper SA1-2 form. the community to which the station is	s licensed by the
	For the meaning of these te <b>Column 4:</b> Give the location	rms, see page (iv) of the general instru	ictions in the paper SA1-2 form. the community to which the station is	s licensed by the
	For the meaning of these te <b>Column 4:</b> Give the location	rms, see page (iv) of the general instrunn of each station. For U.S. stations, list	ictions in the paper SA1-2 form. the community to which the station is	s licensed by the
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location	rms, see page (iv) of the general instrunn of each station. For U.S. stations, list	ictions in the paper SA1-2 form. the community to which the station is	s licensed by the
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.

EGAL NAME OF			(SIEM:					SYSTEM I 636
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k 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 pa sed by the cable s ne station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/0				0/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
I/A								
							+	

Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Grantland Telecom LL	С						63632
	SUBSTITUTE CARRIAGE	SPECIAL			G			
I	In General: In space I, identi				-	ion that your (	able svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	• •		•				
Carriage:	1. SPECIAL STATEMEN		NING SUBST	ITUTE CARRIAGE				
Special	<ul> <li>During the accounting period</li> </ul>				s. anv nonne	work televisio	on program	ı
Statement and	broadcast by a distant stat	-			, any normo			× NO
Program Log	-						YES	
	Note: If your answer is "No'	, leave the r	est of this pag	e blank. If your answer is	"Yes," you mu	ist complete t	he progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa				program") the	t during the c		
	period, was broadcast by a			sion program ("substitute				
	under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.							
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nsed by the F	CC or in	
	the case of Mexican or Can						00 01, 11	
	Column 5: Give the mon	th and day w	vhen your syst	em carried the substitute	program. Use	numerals, wi	th the mon	ith
	first. Example: for May 7 giv							
				gram was carried by your				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
		er "R" if the li	isted program	was substituted for progra	mming that v	our svstem wa	as require	d
	to delete under FCC rules a							
	was substituted for program	ming that yo	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
						N SUBSTIT	ITE	
	S	UBSTITUT	E PROGRAM			AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
							_	
					•			
					·			
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Grantland Telecom LLC		63632
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E         all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans         (as identified in space E) during the accounting period. For a further explanation of how to compute this         page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 2,727.56
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grantland Telecom LLC	SYSTEM ID# 63632
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 .         on which the cable system carried television broadcast stations and nonbroadcast services .	16 393
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Peggy Smykal Telephone	(802) 485-9748
	Address 24 Depot Square, Unit 2 (Number, street, rural route, apartment, or suite number) Northfield, VT 05663 (City, town, state, zip)	
	Email finance@tdstelecom.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent 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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	stem as identified
	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: 21 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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

inting Period: 2018/1	FORM SA1-2E. PAGI
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
tland Telecom LLC	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 following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	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
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
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
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
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
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
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
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
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
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
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
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
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
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
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 
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

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 th 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.