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 COPYRIGE	HT 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	2/21/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20182 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Southeast Telephone Co. of Wisconsin, 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)
		L
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	I	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Southeast Telephone Co. of Wisconsin, LLC	63574
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	
	CITY OR TOWN	STATE
First	Waterford	WI
Community	Windlake	WI
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					FORM SA1	TEM ID		
Name	Southeast Telephone C		sin, LLC					6357		
	SECONDARY TRANSMISSION			ATES						
E	In General: The information in s			-	v transmission s	ervice of th	e cable			
	system, that is, the retransmission									
Secondary	about other services (including p					hose existi	ng on the			
Transmission	last day of the accounting period						handran			
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	rice at the rate inc	dicated—not the nur	mber of set	s receiving servi	ice).	-			
	Rate: Give the standard rate of									
	unit in which it is generally billed category, but do not include disc	. (Example: "\$20	/mth"). Summarize a	any standai	rd rate variations	s within a p	articular rate			
	Block 1: In the left-hand block				ondarv transmis	sion servic	e that cable			
	systems most commonly provide									
	that applies to your system. Note									
	categories, that person or entity									
	subscriber who pays extra for ca first set" and would be counted of				I in the count un	der "Servic	e to the			
	Block 2: If your cable system				service that are	different fr	om those			
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the r	right-hand block. A t	wo- or thre	e-word descripti	on of the s	ervice is			
	sufficient.	OCK 1				BLOCK	· •			
		NO. OF					NO. OF			
	CATEGORY OF SERVICE Residential:	SUBSCRIBER	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT		
		1	415 20.00/mo							
	Service to first set     Service to additional act/a		,415 20.00/mo							
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel Commercial									
	Converter	1	.415 0-8.00/mo							
	Residential	1,	,415 0-8.00/mo							
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSIONS: RATE	S						
F	In General: Space F calls for rat	•	,	•						
	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.			-					
ransmissions:	Block 1: Give the standard rat						wara nat			
Rates	Block 2: List any services that									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
		BLOCI					BLOCK 2			
	CATEGORY OF SERVICE		ATEGORY OF SEF	RVICE	RATE	CATEG	DRY OF SERVICE	RATE		
	Continuing Services:	I	nstallation: Non-rea	sidential						
	Pay cable	14-19.99/mo	<ul> <li>Motel, hotel</li> </ul>							
	Pay cable—add'l channel		<ul> <li>Commercial</li> </ul>							
	Fire protection		<ul> <li>Pay cable</li> </ul>							
	<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l c</li> </ul>	hannel						
	Installation: Residential		<ul> <li>Fire protection</li> </ul>							
	First set		<ul> <li>Burglar protection</li> </ul>	ו						
	<ul> <li>Additional set(s)</li> </ul>	0-49.95 C	Other services:							
			Reconnect					T		
	<ul> <li>FM radio (if separate rate)</li> </ul>		- Reconnect							
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>		Disconnect							
	· · · /									

				OVOTEN
ame	LEGAL NAME OF OWNER OF	F CABLE SYSTEM: • Co. of Wisconsin, LLC		SYSTEN 63
	PRIMARY TRANSMITTERS:	,		
_		entify every television station (including	translator stations and low power te	levision stations)
G	carried by your cable system	m during the accounting period, except	t (1) stations carried only on a part-t	ime basis under
mary		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6		
mitters: vision	substitute program basis, a	s explained in the next paragraph. With respect to any distant stations ca		
VISION	basis under specific FCC ru	ules, regulations, or authorizations:		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th a substitute basis.	he Special Statement and Program I	_og)—if the
		also in space I, if the station was carried on concerning substitute basis stations,		
	Column 1: List each station	n's call sign. Do not report origination p	program services such as HBO, ESF	PN, etc. Identify each
	"WETA-2" as the same on t	d with a station according to its over-the the form.	e-air designation. For example, repo	ort multistream
		el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community
	Column 3: Indicate in each	a case whether the station is a network		
		ering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), c	· · · · · · · · · · · · · · · · · · ·	· ·
	For the meaning of these te	erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	uctions in the paper SA1-2 form.	
		dian stations, if any, give the name of the	3	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WISN	12.1	N	Milwaukee, WI
	WISN-DT2	12.2	N-M	Milwaukee, WI
	WDJT	58.1	N	Milwaukee, WI
	WBME-CD	58.2	N-M	Milwaukee, WI
as Necessary	WDJT-DT3	58.3	N-M	Milwaukee, WI
	WDJT-DT4	58.4	N-M	Milwaukee, WI
	WITI	6.1	N	Milwaukee, WI
	WTMJ	4.1	N	Milwaukee, WI
			14	
	WTMJ-DT2	4.2	N-M	Milwaukee, WI
	WTMJ-DT2 WTMJ-DT3	4.2 4.3		Milwaukee, WI
			N-M	Milwaukee, WI Milwaukee, WI
	WTMJ-DT3 WMLW	4.3 49.1	N-M N-M I	Milwaukee, WI Milwaukee, WI Racine, WI
	WTMJ-DT3 WMLW WMLW-DT2	4.3 49.1 49.2	N-M	Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV	4.3 49.1 49.2 18.1	N-M N-M I I-M I	Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2	4.3 49.1 49.2 18.1 18.2	N-M N-M I I-M I I-M	Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3	4.3 49.1 49.2 18.1 18.2 18.3	N-M N-M I I-M I	Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WCGV	4.3 49.1 49.2 18.1 18.2 18.3 24.1	N-M N-M i i-M i-M i-M i-M i	Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WCGV WCGV-DT2	4.3 49.1 49.2 18.1 18.2 18.3 24.1 24.2	N-M N-M I I-M I I-M I-M I I I I I	Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WCGV WCGV-DT2 WYTU	4.3 49.1 49.2 18.1 18.2 18.3 24.1 24.2 63.1	N-M N-M i i i-M i-M i-M i i i i i i i	Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WCGV WCGV-DT2 WYTU WYTU-DT2	4.3 49.1 49.2 18.1 18.2 18.3 24.1 24.2 63.1 63.2	N-M N-M I I-M I I-M I-M I I I I I	Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WCGV WCGV-DT2 WYTU WYTU-DT2 WPXE	4.3 49.1 49.2 18.1 18.2 18.3 24.1 24.2 63.1 63.2 55.1	N-M N-M I I I-M I-M I I I-M I I I I I I I I I I I I I	Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Milwaukee, WI         Milwa
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WCGV WCGV-DT2 WYTU WYTU-DT2 WPXE WMVS	4.3 49.1 49.2 18.1 18.2 18.3 24.1 24.2 63.1 63.2 55.1 10.1	N-M N-M I I I-M I I-M I I I I I I I I I I I I I	Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WCGV WCGV-DT2 WYTU WYTU-DT2 WYTU WYTU-DT2 WPXE WMVS	4.3 49.1 49.2 18.1 18.2 18.3 24.1 24.2 63.1 63.2 55.1 10.1 10.2	N-M N-M I I I-M I I-M I I I I I I E E-M	Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WCGV WCGV-DT2 WYTU WYTU-DT2 WPXE WMVS	4.3 49.1 49.2 18.1 18.2 18.3 24.1 24.2 63.1 63.2 55.1 10.1	N-M N-M I I I-M I I-M I I I I I I I I I I I I I	Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Milwaukee, WI

	LEGAL NAME OF OWNER O	E CABLE SYSTEM			SYSTEM
Name		e Co. of Wisconsin, LLC			635
	PRIMARY TRANSMITTERS:				
		entify every television station (including t	translator stations and low neword	alovision stations)	
G		entity every television station (including i em during the accounting period, except			
-		in effect on June 24, 1981, permitting th			
Primary		e)(2) and (4), or 76.63 (referring to 76.67	1(e)(2) and (4))]; and (2) certain st	ations carried on a	
ansmitters:		as explained in the next paragraph. s: With respect to any distant stations ca	rried by your apple system on a si	batituto program	
<b>Felevision</b>		ules, regulations, or authorizations:	ined by your cable system on a st		
		re in space G—but do list it in space I (th	e Special Statement and Program	Log)—if the	
	station was carried only or	n a substitute basis.		0/	
		also in space I, if the station was carried			
		on concerning substitute basis stations, and so all sign. <i>Do not</i> report origination p			
		d with a station according to its over-the			
	"WETA-2" as the same on	0			
		el number the FCC assigned to the telev	vision station for broadcasting ove	the air in its community	
		VRC is channel 4 in Washington, D.C.			
		h case whether the station is a network s	•		
	educational station, by ent	ering the letter "N" (for network), "N-M" (f	for network multicast), "I" (for inde	endent), "I-M"	
	educational station, by ent (for independent multicast)	ering the letter "N" (for network), "N-M" (for network), "N-M" (for noncommercial educational), o	for network multicast), "I" (for inde r "E-M" (for noncommercial educa	endent), "I-M"	
	educational station, by ent (for independent multicast) For the meaning of these t	ering the letter "N" (for network), "N-M" (f	for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form.	pendent), "I-M" ional multicast).	
	educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	ering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), o erms, see page (iv) of the general instruc	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" ional multicast). n is licensed by the	
	educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	ering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" ional multicast). n is licensed by the	
	educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	ering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" ional multicast). n is licensed by the	
	educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	ering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" ional multicast). n is licensed by the	STATION
	educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location FCC. For Mexican or Cana	ering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station the community with which the station	vendent), "I-M" ional multicast). n is licensed by the n is identified.	STATION
	educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b>	ering the letter "N" (for network), "N-M" (f o, "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th <b>2. B'CAST CHANNEL NUMBER</b>	for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station the community with which the station <b>3. TYPE OF STATION</b>	endent), "I-M" ional multicast). I is licensed by the In is identified. <b>4. LOCATION OF</b>	STATION
	educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b>	ering the letter "N" (for network), "N-M" (f o, "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th <b>2. B'CAST CHANNEL NUMBER</b>	for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station the community with which the station <b>3. TYPE OF STATION</b>	endent), "I-M" ional multicast). I is licensed by the In is identified. <b>4. LOCATION OF</b>	STATION
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	educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b>	ering the letter "N" (for network), "N-M" (f o, "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th <b>2. B'CAST CHANNEL NUMBER</b>	for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station the community with which the station <b>3. TYPE OF STATION</b>	endent), "I-M" ional multicast). I is licensed by the In is identified. <b>4. LOCATION OF</b>	STATION
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	educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b>	ering the letter "N" (for network), "N-M" (f o, "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th <b>2. B'CAST CHANNEL NUMBER</b>	for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station the community with which the station <b>3. TYPE OF STATION</b>	endent), "I-M" ional multicast). I is licensed by the In is identified. <b>4. LOCATION OF</b>	STATION
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Accounting F	Period: 2018	/2					FORM	I SA1-2E. PAGE 4.
								SYSTEM ID#
Southeast T	elephone (	Co. of V	Visconsin, LLC					63574
all-band basis v	t every radio s whose signals	station ca were ge	arried on a separate and discrunce of the second seco	le system during	the accountin	ig perio	1.	H Primary
on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate	monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing	be recein to the Co l sign of the the static tion's sig g a check	stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	system's FM ante his point, see pa ed by the cable s	enna, during c ge (v) of the g system as a se	ertain si jeneral i eparate	ated intervals. nstructions in the. and discrete	Transmitters: Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
<u>N/A</u>								
		+						
			I1	1			I	

Accounting Perio	od: 2018/2					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	Southeast Telephone	Co. of Wi	sconsin, LL(				63574
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOO	G		
	In General: In space I, identi					ion, that your cable syste	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or authorizations	. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper SA1	I-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	During the accounting peri-	•	r cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant stat					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sible if their meaning i	2
	clear. If you need more spa						5
				sion program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori						
	"NBA Basketball: 76ers vs.		lagat live anto	"Vee " Otherwise opter "N	lo."		
				"Yes." Otherwise enter "N sting the substitute progra			
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		
	the case of Mexican or Can						nth
	first. Example: for May 7 giv		when your sys	tem carried the substitute p	brogram. Use	numerals, with the mo	nth
			substitute pro	gram was carried by your o	cable system.	List the times accurate	ely
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system was <i>require</i>	ed
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
						N SUBSTITUTE	
		2. LIVE?	E PROGRAM			AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM – TO	
						_	
						_	
						<u> </u>	
						_	
						_	
1	[	1	1			1	

Accounting Period:	2018/2		FORM SA1-28	E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYST	FEM ID#
	Southeast Telephone Co. of Wisconsin, LLC			63574
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of I 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	n's secondary trans now to compute thi	mission service	
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 le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ss than \$527,600	\$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 th accounting period is \$52.00			
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 a	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu		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	· · · · <u> </u>		
	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	7,600)	
	1. Enter the amount of gross receipts from space K	287,391.72		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	23,591.72	<del>.</del>	
	4. Multiply line 3 by .01	<b>\$</b>	235.92	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<b>\$</b>	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · <u> </u>	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	16	\$ 1,55	54.92
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<b>\$</b>	1,554.92	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 1,57	4.92
	Important: Your remittance must be in the form of an electronic payment passes page i of the general instructions in the paper SA1-2 form			

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: elephone Co. of Wisconsin				SYSTEM ID# 63574
M Channels	<ul><li>to its subscribe</li><li>1. Enter the to system carrie</li><li>2. Enter the to on which the</li></ul>	ers, and (2) the cable system's tal number of channels on whice ed television broadcast stations tal number of activated channe cable system carried television	s total number o ich the cable is els n broadcast sta	which the cable system carried te of activated channels during the acc ations	counting period.	26 293
N Individual to Be Contacted		TO BE CONTACTED IF FURT tt about this statement of accou		ATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name	Peggy Smykal			Telephone	(802) 485-9748
	Address	24 Depot Square, Un (Number, street, rural route, apa Northfield, VT 0566 (City, town, state, zip)	artment, or suite nu	imber)		
	Email	finance@tdste	elecom.com		Fax (optional)	
O Certification	I, the undersig     (Ow     (Age     X     (Of     I have examinare true, compilations)	aned, hereby certify that (Check of ner other than corporation or p ent of owner other than corpor in line 1 of space B and that the ficer or partner) I am an officer in line 1 of space B.	one, <i>but only on</i> partnership) I a ration or partner owner is not a c (if a corporation d hereby declare hy knowledge, ini ,	am the owner of the cable system as ership) I am the duly authorized age	identified in line 1 of space B nt of the owner of the cable sy legal entity identified as own ents of fact contained herein in good faith.	ystem as identified
		Title: (Title of		t Treasurer Id in corporation or partnership)		
		Date:			19 February 2019	

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

unting Period: 2018	•							FORM SA1-2	
L NAME OF OWNER	OF CABLE SYSTEM:							SY	STEM
theast Telepho	ne Co. of Wisconsin, LLC								635
The Satellite Home lowing sentence: "In determin service of p scribers and For more informati located in the pape		tle 17, section 11 ers and the gross s of primary broac bers receiving sec bunts, see the not	1(d)(1)(A), of the amounts paid loast transmithe condary transmither e on page (vii)	he Copy to the c ers, the nissions ) of the	yright Act I cable syste system sł s pursuant general in:	em for the banall not inclu to section f structions	asic Ide sub- 19."	P Special Sta Concerning Receipts Ex	g Gros
	ting period, did the cable system e arriers to satellite dish owners?	exclude any amo	unts of gross f	eceipis	IOI Second	ary transm	ISSIONS		
	e total here and list the satellite ca	arrier(s) below		\$					
Name Mailing Address			lame Iailing Address						
INTEREST AS	SESSMENT								
Value manual as manual at				-f - 1-1					
For an explanation	e this worksheet for those royalty of interest assessment, see page	e (viii) of the gene	eral instruction	s locate			-	Q Interest Ass	essme
For an explanation	e this worksheet for those royalty	e (viii) of the gene	eral instruction	s locate			-	Q Interest Ass	essme
For an explanation	e this worksheet for those royalty of interest assessment, see page amount of late payment or underp	e (viii) of the gene ayment	eral instruction	s locate	ed in the pa		-	Q Interest Ass	essme
For an explanation	e this worksheet for those royalty of interest assessment, see page	e (viii) of the gene ayment	eral instruction	s locate	ed in the pa	aper SA1-2	form.	Q Interest Ass	essme
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For an explanation Line 1 Enter the a Line 2 Multiply lin	e this worksheet for those royalty of interest assessment, see page amount of late payment or underp	e (viii) of the gene ayment r the sum here	ral instruction	s locate	xx	aper SA1-2	form. - days -	Q Interest Ass	essmo
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