This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT O	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2/21/2019	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCC	NUNTING DEDICT COVERED BY THIS STATEMENT. (VVVV//Dorical)
^	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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
		Wilton Telephone Company, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	'	TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

Accounting Period:	2019/2	
Accounting Periou.	2010/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		63606
	Wilton Telephone Company, Inc.	
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Wilton	NH
Community		
Add Rows as Necessary		
		,
		,

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Wilton Telephone Company, Inc.

63606

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2								
04750000 05 050005	NO. OF	DATE	04750000 05 050000	NO. OF	DATE					
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE					
Residential:										
Service to first set	501	20.00/mo								
 Service to additional set(s) 										
FM radio (if separate rate)										
Motel, hotel										
Commercial										
Converter										
Residential	501	0-8.00/mo								
Non-residential										

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63606

4. LOCATION OF STATION

Wilton Telephone Company, Inc.

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

I. OALL GION	2. B OAGT GHANNEE NOMBER	3. THE OF STATION	1 200/11/01/01/01/01
WMUR	9.1	N	Littleton, NH
WMUR-DT2	9.2	N-M	Littleton, NH
WBZ	4.1	N	Boston, MA
WBZ-DT2	4.2	N-M	Boston, MA
WFXT	25.1	N	Boston, MA
WFXT-DT2	25.2	N-M	Boston, MA
WFXT-DT3	25.3	N-M	Boston, MA
WBTS-LD	15.1	N	Boston, MA
WLVI	56.1	l	Cambridge, MA
WENH	11.1	E	Durham, NH
WENH-DT2	11.2	E-M	Durham, NH
WENH-DT3	11.3	E-M	Durham, NH
WGBH	2.1	E	Boston, MA
WGBX	44.1	Е	Boston, MA
WGBX-DT3	44.3	E-M	Boston, MA
WVTA	41.1	E	Windsor, VT
WNEU	60.1	1	Merrimack, NH
WHDH	7.1	<u> </u>	Boston, MA
WHDH-DT2	7.2	I-M	Boston, MA
WPXG	21.1	<u> </u>	Concord, NH
WSBK	38.1	1	Boston, MA
WWJE-DT	50.1	<u> </u>	Derry, NH
WYCU-LD	26.1	I	Charlestown, NH

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period:	2018/2			FORM SA1-2E. PAGE 3.								
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#								
Name	Wilton Telephone Cor	mpany, Inc.		63606								
	PRIMARY TRANSMITTERS:	TELEVISION										
G Primary Transmitters: Television	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 not list the station here, station was carried only 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 FCC. For Mexican or Canad	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the										
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
		•										

Accounting Period: 2018/	a: 2018/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Wilton Telephone Company, Inc.

63606

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0.411.0:0::	T	l o:=	L CONTION CT CT CT	T a.u:-::		0:-	
	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
	 						
	 						
	 						
							
						 	
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 63606
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptanation of the programmi 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "No"	fy every nor counting peng that muse CONCER od, did your ion?	nnetwork televis eriod, under spe t be included in NING SUBST r cable system	sion program, broadcast be ecific present and former F this log, see page (v) of t TITUTE CARRIAGE carry, on a substitute ba	oy a distant sta FCC rules, regu the general inst asis, any nonne	ructions, or au ructions in the etwork televi	uthorizations. le paper SA1 sion progran YES	For a further -2 form.
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a counder certain FCC rules, recommended to the period of the p	tute progra ce, please a of every noi distant stati gulations, or es like "mor Bulls." I was broad distant statio distant statio distant statio distant statio distant statio distant day e "5/7." s when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enter station broadca on's location (thins, if any, the owner your system to program carried listed program ons in effect du	rows to the tables. Ision program ("substitute ur cable system substitute ur cable system substitutes. See page (v) of the gestball." List specific program "Yes." Otherwise enter usting the substitute program community to which the community with which the tem carried the substitute gram was carried by you and by a system from 6:0° was substituted for progring the accounting period.	e program") the ted for the program instruction must titles, for eximal must be station is lice as station is lice as tation is lice as program. Use the program in the first p.m. to 6:2 tramming that yod; enter the le	at, during the gramming of ons for further cample, "I Lo ensed by the ntified). e numerals, at List the time 28:30 p.m. se your system tter "P" if the	e accounting another state information ove Lucy" or e FCC or, in with the mornes accurate hould be was require a listed progr	tion n. nth ly
	SI 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	I 4. STATION'S LOCATION	5. MONTH	'	URRED TIMES	7. REASON FOR DELETION

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Wilton Telephone Company, Inc.	S	YSTEM ID: 63606
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	ismission servic nis amount, see), 495 .77
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	o \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo accounting period is \$52.00	r 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		
	1. Base amount under statutory formula		
	Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1	_	
	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)		
	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 \$52	27,600)	
	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	_	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
		-	
	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	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
1	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

_	: 2018/2																								FC	RM SA	\1-2E	. PA	GE 7
Name	LEGAL NAME OF OWNER Wilton Telephone Co																									,	SYS		1 ID# 8606
M Channels	Enter the total number on which the cable system	the cable system's ter of channels on which ion broadcast stations	total numb th the cabl the cabl the cabl the cabl the cabl the cabl	mber ble 	e e st sta	er o	of act	tivate	ed cl	hanno	els du	iring	the a		unti	ing _l	oerio	d.		ons					23				
N Individual to Be Contacted	INDIVIDUAL TO BE CO			ORN	RM	RMA	MATIO	ON IS	S NE	EDE	D (Ide	entify	an in	idivid	idua	al to	who	m											
for Further Information	Name Peg	gy Smykal																Т.	eleph	one [(80	2) 4	85-9	9748	3				
	(Numb	Depot Square, Un er, street, rural route, apart thfield, VT 05663 own, state, zip)	ment, or sui	suite r	ite nı	e nu	number	r)																					
	Email	finance@tdstele	ecom.cor	om	m	1								F	Fax	(op	tiona	al)											
Ocertification	(Agent of own in line 1 o	than corporation or partner other than corporation of partner other than corporation of space B and that the original and a space B. Interest of account and a correct to the best of my (1986)] Typed or printed Title:	artnership attion or pa where is no if a corpora hereby dec knowledg	partr not a partrinot a declar dge, i	p) I a artner de ation claree, in	/on) I a rtne t a c t a c /s election ant	ne, of am th aershi corpo n) or a s/ Sr ctronic ure us	f the owne owner of the owner owner on the owner	boxed where am the property of	of the dupartn (if a partn dupartn dup	e cable ly autivership partne aw tha ef, and sdal the lir nature	e sys: horize horize crship at all s d are	ed ago	s ide	enti of the egal tts o goo	this mith	in lin wner ty ide	of the	f space cab	ce B; le sys	stem				m				
		Date:												2	20	Feb	ruary	/ 201	9										

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ccounting Period: 2018/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
/ilton Telephone Company, Inc.	63606
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address	
	""
	""
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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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