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

A	ACC	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		20102
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.
		T
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Tipton 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		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:
		TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name		63631
	Tipton Telephone Company, Inc.	
_	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	mmunities within unincorporated areas and including single,
	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 known
	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 l	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Tipton	IN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							1-2E. PAG
Name	Tipton Telephone Comp								6363
		any, mo.							
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary						•		
Rates	each category by counting the n								
	separately for the particular serv							-	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				ly standa				
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count u	nder "Serv	vice to the	
	first set" and would be counted of Block 2: If your cable system					sonvice that ar	o difforont	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.						BLOC		
	DLV	OCK 1 NO. OF					BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	ERVICE	SUBSCRIBERS	RA
	Residential:		502	20.00/ma					
	 Service to first set Service to additional set(s) 		503	20.00/mo					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		503	0-8.00/mo					
	Non-residential								
			NOMICO						
_	SERVICES OTHER THAN SEC In General: Space F calls for rate	-				l vour cable sv	stem's ser	vices that were	
F	not covered in space E, that is, t	hose services t	that are i	not offered in c	ombinatio	n with any sec	ondary tra	insmission	
Somiana	service for a single fee. There are				0		υ.	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that								
Nates	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	otion and includ	le the rat	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER\	/ICE	RATE	CATE	GORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resi	dential				
	Pay cable	14-19.99/mo		el, hotel					
	Pay cable—add'l channel Eiro protoction			nmercial					
	Fire protection Burglar protection		,	cable cable-add'l cha	annel				
	Installation: Residential		,	protection					
	First set			glar protection					
	Additional set(s)	0-49.95		ervices:					
	• FM radio (if separate rate)		• Rec	onnect					
			1			I	1		
	Converter		• Disc	connect					
	• Converter			connect et relocation					

NameTipton Telephone Company, Inc.63 B PRIMARY TRANSMITTERS: TELEVISIONIn 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, <i>except</i> (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.	unting Period:	LEGAL NAME OF OWNER OF	CARI E SYSTEM		FORM SA1-2E. PAG
Production Production G In General: In space G, identify very television station (including translator stations and low power television stations) activities To See The Sec G, identify very television station (including translator stations and low power television stations) activities To See The Sec G, identify very television station (including translator stations carried on your partice television stations) activities To See The Sec G, identify very television stations carried by your cable system on a substitute basis activities To Sec G, identify very television stations carried by your cable system on a substitute basis activities To Sec G, identify very television stations carried by your cable system on a substitute basis activities To Sec G, identify very television stations carried by your cable system on a substitute basis activities To Sec G, identify very television stations carried by your cable system on a substitute basis activities and stations carried by the general intractocons. Column 1: List each station's call sign. Do nor report origination program services such as HBO, ESPN, etc. Learly see Carried activities and activities activities and sites on some other basis. For threin information concerning solutifies the station is a reheard station. For example, report multistream "VETA-2" as the same on the form. Column 4: Site terms and page terms, see page (or beta station for broadcasting or the air in its community of independent multicas). Ter (for noncommercial ducational), or TeXP (for noncommercial ducational), if CMP (for example), if NMP (for independent multicas). Ter (for noncommercial ducational), or TeXP (for	Name				636
A Generate II: regards C, identify every behavior address of address and low power television statutors) In Generate II: regards C, identify every behavior address of address and low power television statutors) For ones and regards are in direct and use A1 1981, regards (1) statutors and one you a part sime basis under specific FCC rules, regulations, are explained in the next paragraph. In Generate II: regards CC rules, regulations, are undrivations. In Generate II: regards CC rules, regulations, or authorizations. In On list the statuton here: a page C-10 for 56 (r)(2) and (2), rotatin statutors page (n) of the statuto and site in agree (n) of the specific FCC rules, regulations, or authorizations. II: In the statuton here: a data compace (1) the space (1) (the Special Statement and Program Log)—off the statuto are adde and social status and also on some other basis. For future information concording to bia over the air dissipation. For example, report multisteram WCT-A2" as the same on the form. Column 2: Give the charten humber the FCC assigned to the television statuton for bradcasting over the air in its community of locase. For example, wRCI is the statuton is a nucleoring on the statuton is indicated and case whether the statuton is a nucleoring on the statuton is there and statuton or an automating and the statuton is indicated and statuton or an indipendent statuton. The attent is community of locase. For example, wRCI is the statuton is a nucleoring on the statuton is indicated and the statuton is a statuton is indicated and the statuton is indicated and the statuton is indicated and the statuton is indicated and statuton. If the statuton is indicated and statuton is inditated and scase whetheret in fort (S reterost), what (f) the indic		- · · · · · · · · · · · · · · · · · · ·			
WRTV6.1NIndianapolis, INWRTV-DT26.2N-MIndianapolis, INWRTV-DT36.3N-MIndianapolis, INWRTK29.1NKokomo, INWTTK29.2N-MKokomo, INWTTK-DT229.2N-MKokomo, INWTTK-DT329.3N-MKokomo, INWXIN59.1NIndianapolis, INWXIN-DT259.2N-MIndianapolis, INWXIN-DT359.3N-MIndianapolis, INWTHR13.1NIndianapolis, INWISH8.1IIndianapolis, INWISH-DT28.2I-MIndianapolis, INWISH-DT38.3I-MIndianapolis, INWISH-DT38.1IIndianapolis, INWISH-DT38.2I-MIndianapolis, INWISH-DT223.1IMarion, INWNDY23.1IMarion, INWFY120.1EIndianapolis, INWFY1-DT220.2E-MIndianapolis, IN	G rimary ssmitters: levision	carried by your cable system FCC rules and regulations in 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network rring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), co- mrs, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each or multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
WRTV-DT26.2N-MIndianapolis, INWRTV-DT36.3N-MIndianapolis, INWRTV-DT36.3N-MIndianapolis, INWTTK29.1NKokomo, INWTTK-DT229.2N-MKokomo, INWTTK-DT329.3N-MKokomo, INWXIN59.1NIndianapolis, INWXIN-DT259.2N-MIndianapolis, INWXIN-DT359.3N-MIndianapolis, INWTHR13.1NIndianapolis, INWISH8.1IIndianapolis, INWISH-DT28.2I-MIndianapolis, INWISH-DT38.3I-MIndianapolis, INWNDY23.1IMarion, INWNDY-DT220.2E-MIndianapolis, INWFYI-DT220.2E-MIndianapolis, IN		1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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WRTV-DT36.3N-MIndianapolis, INWTTK29.1NKokomo, INWTTK-DT229.2N-MKokomo, INWTTK-DT329.3N-MKokomo, INWXIN59.1NIndianapolis, INWXIN-DT259.2N-MIndianapolis, INWXIN-DT359.3N-MIndianapolis, INWTHR13.1NIndianapolis, INWTHR-DT213.2N-MIndianapolis, INWISH8.1IIndianapolis, INWISH-DT38.3I-MIndianapolis, INWISH-DT31Marion, INWISH-DT323.1IMarion, INWNDY-DT223.2I-MMarion, INWFYI20.1EIndianapolis, IN		WRTV-DT2	6.2	N-M	
WTTK-DT2 29.2 N-M Kokomo, IN WTTK-DT3 29.3 N-M Kokomo, IN WXIN 59.1 N Indianapolis, IN WXIN-DT2 59.2 N-M Indianapolis, IN WXIN-DT3 59.3 N-M Indianapolis, IN WTHR 13.1 N Indianapolis, IN WITH-DT2 13.2 N-M Indianapolis, IN WISH 8.1 I Indianapolis, IN WISH-DT2 8.2 I-M Indianapolis, IN WISH-DT3 8.3 I-M Indianapolis, IN WISH-DT3 8.3 I-M Indianapolis, IN WIDY 23.1 I Marion, IN WNDY-DT2 23.2 I-M Marion, IN WFYI 20.1 E Indianapolis, IN WFYI-DT2 20.2 E-M Indianapolis, IN		WRTV-DT3	6.3	N-M	Indianapolis, IN
WTTK-DT329.3N-MKokomo, INWXIN59.1NIndianapolis, INWXIN-DT259.2N-MIndianapolis, INWXIN-DT359.3N-MIndianapolis, INWTHR13.1NIndianapolis, INWTHR-DT213.2N-MIndianapolis, INWISH8.1IIndianapolis, INWISH-DT38.2I-MIndianapolis, INWISH-DT38.3I-MIndianapolis, INWNDY23.1IMarion, INWNDY-DT220.2E-MIndianapolis, IN		wттк	29.1	N	Kokomo, IN
WXIN59.1NIndianapolis, INWXIN-DT259.2N-MIndianapolis, INWXIN-DT359.3N-MIndianapolis, INWTHR13.1NIndianapolis, INWTHR-DT213.2N-MIndianapolis, INWISH8.1IIndianapolis, INWISH-DT28.2I-MIndianapolis, INWISH-DT38.3I-MIndianapolis, INWNDY23.1IMarion, INWFY120.1EIndianapolis, INWFY1-DT220.2E-MIndianapolis, IN	s Necessary	WTTK-DT2	29.2	N-M	Kokomo, IN
WXIN-DT259.2N-MIndianapolis, INWXIN-DT359.3N-MIndianapolis, INWTHR13.1NIndianapolis, INWTHR-DT213.2N-MIndianapolis, INWISH8.1IIndianapolis, INWISH-DT28.2I-MIndianapolis, INWISH-DT38.3I-MIndianapolis, INWNDY23.1IMarion, INWFY120.1EIndianapolis, INWFY1-DT220.2E-MIndianapolis, IN		WTTK-DT3	29.3	N-M	Kokomo, IN
WXIN-DT359.3N-MIndianapolis, INWTHR13.1NIndianapolis, INWTHR-DT213.2N-MIndianapolis, INWISH8.1IIndianapolis, INWISH-DT28.2I-MIndianapolis, INWISH-DT38.3I-MIndianapolis, INWNDY23.1IMarion, INWNDY-DT223.2I-MMarion, INWFYI20.1EIndianapolis, INWFYI-DT220.2E-MIndianapolis, IN		WXIN	59.1	N	Indianapolis, IN
WTHR13.1NIndianapolis, INWTHR-DT213.2N-MIndianapolis, INWISH8.1IIndianapolis, INWISH-DT28.2I-MIndianapolis, INWISH-DT38.3I-MIndianapolis, INWNDY23.1IMarion, INWNDY-DT223.2I-MMarion, INWFYI20.1EIndianapolis, INWFYI-DT220.2E-MIndianapolis, IN		WXIN-DT2	59.2	N-M	Indianapolis, IN
WTHR-DT213.2N-MIndianapolis, INWISH8.1IIndianapolis, INWISH-DT28.2I-MIndianapolis, INWISH-DT38.3I-MIndianapolis, INWNDY23.1IMarion, INWNDY-DT223.2I-MMarion, INWFYI20.1EIndianapolis, INWFYI-DT220.2E-MIndianapolis, IN		WXIN-DT3	59.3	N-M	Indianapolis, IN
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WISH-DT38.3I-MIndianapolis, INWNDY23.1IMarion, INWNDY-DT223.2I-MMarion, INWFY120.1EIndianapolis, INWFY1-DT220.2E-MIndianapolis, IN		WISH	8.1	I	Indianapolis, IN
WNDY23.1IMarion, INWNDY-DT223.2I-MMarion, INWFYI20.1EIndianapolis, INWFYI-DT220.2E-MIndianapolis, IN		WISH-DT2	8.2	I-M	Indianapolis, IN
WNDY-DT223.2I-MMarion, INWFYI20.1EIndianapolis, INWFYI-DT220.2E-MIndianapolis, IN		WISH-DT3	8.3	I-M	Indianapolis, IN
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		WDTI	69.1		

				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM II
Nume	Tipton Telephone Co	ompany, Inc.		6363
	PRIMARY TRANSMITTERS:	: TELEVISION		
G Primary ransmitters: Television	In General: In space G, ic carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, M	dentify every television station (including term during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. ns: With respect to any distant stations car rules, regulations, or authorizations: are in space G —but do list it in space I (the on a substitute basis. d also in space I, if the station was carried tion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination per ed with a station according to its over-the	(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 L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP -air designation. For example, repo- vision station for broadcasting over t	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community
	(for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (t), "E" (for noncommercial educational), or terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list ladian stations, if any, give the name of the	for network multicast), "I" (for indepe or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station it	endent), "I-M" onal multicast). is licensed by the
	(for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (t), "E" (for noncommercial educational), c terms, see page (iv) of the general instru ion of each station. For U.S. stations, list	for network multicast), "I" (for indepe or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station it	endent), "I-M" onal multicast). is licensed by the
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	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (t), "E" (for noncommercial educational), c terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list hadian stations, if any, give the name of th	for network multicast), "I" (for indepe or "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station in the community with which the station	endent), "I-M" onal multicast). is licensed by the is identified.
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (t), "E" (for noncommercial educational), c terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list hadian stations, if any, give the name of th	for network multicast), "I" (for indepe or "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station in the community with which the station	endent), "I-M" onal multicast). is licensed by the is identified.
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Accounting P			/STEM:					SYSTEM ID
Tipton Telep	hone Com	pany, I	nc.					6363
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: 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 the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
Mexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
<u>\/A</u>								

Accounting Perio						FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Tipton Telephone Con	npany, Inc).				63631
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
I	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	ecific 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 SA?	I-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	 During the accounting per 		r cable system	carry, on a substitute basi	s, any nonne	twork television prograi	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their meaning is	8
	clear. If you need more spa			ision program ("substitute	program") tha	it during the accounting	r
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informatio	n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy" or	
			dcast live, enter	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			
				tem carried the substitute			nth
	first. Example: for May 7 giv	/e "5/7."			_		
	Column 6: State the time to the nearest five minutes.			gram was carried by your			ely
	stated as "6:00–6:30 p.m."		a program came		15 p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.		our system wa				
	-						
	s	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						<u> </u>	
						_	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Tipton Telephone Company, Inc.	S	*STEM ID 63631
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 servic s amount, see	e 0,616.09
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 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. 	\$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	7,600)	
	1. Enter the amount of gross receipts from space K		
	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 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:	2018/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: one Company, Inc.		SYSTEM ID 63631
M Channels	to its subscriber 1. Enter the tota system carried	rs, and (2) the cable system's		g period.
	on which the o	cable system carried television		293
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou	ER INFORMATION IS NEEDED (Identify an individual f t.)	o whom
for Further Information	Name	Peggy Smykal		Telephone (802) 485-9748
	Address	24 Depot Square, Ur (Number, street, rural route, apar		
		Northfield, VT 05663 (City, town, state, zip)		
	Email	finance@tdstel	ecom.com Fax (c	pptional)
0	CERTIFICATION	I (This statement of account m	ist be certified and signed in accordance with Copyright	Office regulations)
Certification		ed, hereby certify that (Check o er other than corporation or p	e, <i>but only one</i> , of the boxes.) I rtnership) I am the owner of the cable system as identifie	d in line 1 of space B; or
			ion or partnership) I am the duly authorized agent of the vner is not a corporation or partnership; or	owner of the cable system as identified
	in	line 1 of space B.	a corporation) or a partner (if a partnership) of the legal er	
		te, and correct to the best of my	ereby declare under penalty of law that all statements of fa knowledge, information, and belief, and are made in good	
			X /s/ Sharon V. Tisdale	is statement.
			Enter signature using an "/s/ signature" (e.g., /s/ John Smit	
		Typed or printed	name: Sharon V. Tisdale	
		Title: (Title of	Assistant Treasurer ficial position held in corporation or partnership)	
		Date:	20 Fe	bruary 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 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

unting Period: 2018/2	FORM SA1-2E. PAC
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
on Telephone Company, Inc.	636
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmade by satellite carriers to satellite dish owners? NO	e basic clude sub- n 119." Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under	rpayment.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment	-2 form.
	-2 form.
Line 1 Enter the amount of late payment or underpayment	-2 form.
Line 1 Enter the amount of late payment or underpayment	-2 form. Interest Assessm
Line 1 Enter the amount of late payment or underpayment	-2 form. Interest Assessme days
Line 1 Enter the amount of late payment or underpayment	-2 form. Interest Assessm
Line 1 Enter the amount of late payment or underpayment	-2 form. La Interest Assessm
Line 1 Enter the amount of late payment or underpayment	-2 form. Interest Assessm days
Line 1 Enter the amount of late payment or underpayment	-2 form. Interest Assessm days
Line 1 Enter the amount of late payment or underpayment	-2 form. Interest Assessm - days - 0274 - charge) nce please ce, please
Line 1 Enter the amount of late payment or underpayment	-2 form. Interest Assessm - days - 0274 - charge) nce please ce, please
Line 1 Enter the amount of late payment or underpayment	-2 form. Interest Assessm - days - 0274 - charge) nce please ce, please
Line 1 Enter the amount of late payment or underpayment	-2 form. Interest Assessme - days - 0274 - charge) nce please ce, please
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