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 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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20182 Barcode Data Filing Period (optional - see instructions)						
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						
		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 unless these is 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 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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Grantland Telecom LLC	636
D	Instructions: List each separate community served by the cable system. A "comn "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno
	Note: Entities and properties such as hotels, apartments, condominiums, or mob	
Area Served	identified city.	me nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Fennimore Bagley	WI WI
	Bloomington	WI
Rows as Necessary	Patch Grove	WI

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Grantland Telecom LLC

63632

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.

RATE
IVAIL

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.

	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)		Other services:			
• FM radio (if separate rate)		Reconnect			
• Converter		Disconnect			
		Outlet relocation			
		Move to new address			
		more to new address			
1		1			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63632

Grantland Telecom LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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 R'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKOW	27.1	N	Madison, WI
WKOW-DT2	27.2	N-M	Madison, WI
WKOW-DT3	27.3	N-M	Madison, WI
WISC	3.1	N	Madison, WI
WISC-DT2	3.2	N-M	Madison, WI
WMSN	47.1	N	Madison, WI
WMSN-DT2	47.2	N-M	Madison, WI
WMSN-DT3	47.3	N-M	Madison, WI
WMSN-DT4	47.4	N-M	Madison, WI
WMTV	15.1	N	Madison, WI
WMTV-DT2	15.2	N-M	Madison, WI
WMTV-DT3	15.3	N-M	Madison, WI
WMTV-DT4	15.4	N-M	Madison, WI
WHA	21.1	E	Madison, WI
WHA-DT2	21.2	E-M	Madison, WI
WHA-DT3	21.3	E-M	Madison, WI
WHA-DT4	21.4	E-M	Madison, WI
WIFS	57.1	I	Janesville, WI

Add Rows as Necessary

Accounting Period:	2018/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Name	Grantland Telecom L	63632		
	PRIMARY TRANSMITTERS:	TELEVISION		
Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a	entify every television station (including em during the accounting period, excep in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63) explained in the next paragraph. Solution:	t (1) stations carried only on a part-time the carriage of certain network program (31(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections] s [sections] ons carried on a
Television	basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the channof license. For example, V Column 3: Indicate in each educational station, by entifor independent multicast; For the meaning of these t Column 4: Give the location.	ules, regulations, or authorizations: re in space G—but do list it in space I (to a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, on's call sign. Do not report origination and with a station according to its over-the	he Special Statement and Program Lod d both on a substitute basis and also of see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a na (for network multicast), "I" (for independent "E-M" (for noncommercial education functions in the paper SA1-2 form.	og)—if the on some other ns. I, etc. Identify each multistream are air in its community concommercial adent), "I-M" nal multicast). licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
	I. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Grantland Telecom LLC

63632

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
						L	
						L	
	L						
	<u> </u>			L		l	

Accounting Period: 2018/2 FORM SA1-2E. PAGE 5.									
Name			ГЕМ:					SYSTEM ID# 63632	
Substitute									
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules al was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting perio	od; enter the le	tter "P" if the	e listed progra ons in		
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	' l	URRED TIMES TO	7. REASON FOR DELETION	

Accounting Period:	2018/2			FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Grantland Telecom LLC			S	YSTEM ID 6363
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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	system's tion of ho	secondary tr w to compute	ansmission servic this amount, see	e 3,443.81
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less informat	than \$527,60 ion.		
	BLOCK 1: GROSS RECEIPTS OF \$13'				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royall accounting period is \$52.00	ty fee that	you must pay	for this six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but r	more than \$1	37,100)	
	Base amount under statutory formula	\$	263,800.0	00_	
	Enter amount of gross receipts from space K	\$	138,443.8	<u>31</u>	
	3. Subtract line 2 from line 1	\$	125,356.1	19_	
	Enter the amount of gross receipts from space K		\$	138,443.81	
	5. Enter the amount from line 3		. \$	125,356.19	
	6. Subtract line 5 from line 4		\$	13,087.62	
	7. Multiply line 6 by .005 (enter figure here)			. \$	65.44
	8. Interest charge. Enter the amount from line 4, space Q, page 8			· · · · <u> </u>	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	' and 8		<u></u> \$	65.44
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (bu	it less than \$	527,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula				
	3. Subtract line 2 from line 1		·	<u></u>	
	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	l, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	65.44	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	85.44
1	Important: Your remittance must be in the form of an electronic pays See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2018/2							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Grantland Telecom LLC							SYSTEM ID# 63632
M Channels	Enter the total number of on which the cable syste	the cable system's total of channels on which the broadcast stations of activated channels of carried television broad	al number ne cable 	r of activated channels du	ring the acco	unting period.		18
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			MATION IS NEEDED (Ide	ntify an indivi	idual to whom		
for Further Information	Name Peggy	Smykal				Telephon	e <u>(802) 485-9748</u>	3
	(Number,	oot Square, Unit 2 street, rural route, apartment ield, VT 05663 , state, zip)		number)				
	Email	finance@tdstelecor	om.com		Į.	Fax (optional)		
O Certification	(Agent of owner in line 1 of sp	certify that (Check one, bean corporation or partners) and corporation or partners are B and that the owners are B. Typed or printed nare Title:	nor partirer is not a corporation eby decla owledge, inter an elementer signal	nership) I am the duly auth a corporation or partnership on) or a partner (if a partner under penalty of law tha	e system as idenorized agent or	entified in line 1 of space of the owner of the cable egal entity identified as over the soft fact contained hereing good faith.	B; or system as identified vner of the cable system	m
						20 : Oblidary 2018		

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counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
rantland Telecom LLC	63632
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
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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