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	IT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	2/21/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		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.	3643
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Dickeyville Telephone, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		525 Junction Rd.	
		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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		TDS Telecom, Inc. MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE STSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
1			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Dickeyville Telephone, LLC	63643
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
First	CITY OR TOWN Dickeyville	STATE WI
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
Name	Dickeyville Telephone,	LLC							6364
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondar 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 Block 1: In the left-hand block	SERVICE: SU pace E should on of television vay cable) in sp I (June 30 or D n blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$2 ounts allowed	cover al and rad bace F, r ecembe ce E call service. gs in that indicated h catego 20/mth") for adva	Il categories of hio broadcasts I not here. All the r 31, as the cas I for the numbe In general, you t category (the d—not the num ory of service. I . Summarize al ince payment.	secondar by your sy facts you se may be r of subso u can com number o ber of set nclude bo ny standa	stem to subscr state must be b). ribers to the ca pute the numbo f persons or org s receiving sen th the amount or rd rate variation	ibers. Give those exis ble system er of subsc ganizations vice). of the chan as within a	i information ting on the pribers in s charged ge and the particular rate	
	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 or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	Where an in- should be coun- ble service to once again und has rate catego iers of services and rates, in the	dividual nted as a additiona er "Serv ories for s that inc	or organization a subscriber in al sets would b ice to additiona secondary tran clude one or mo	is receivi each appl e includec al set(s)." nsmission pre second	ng service that icable category I in the count un service that are dary transmissi	falls under /. Example nder "Servi e different f ons), list th tion of the	r different : a residential ice to the from those nem, together service is	
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential: • Service to first set		250	20.00/mo					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential		250	0-8.00/mo					
	Non-residential		200	0-0.00/110					
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t sour cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem fun je was n	mation with rea not offered in c do not need to o nonsubscribe billed. If any ra e system for ea nished or offeren nade or establis	spect to al combination give rate rs. Rate ir tes are ch ch of the a ed during	n with any sec information cor formation shou arged on a var applicable servi the accounting	ondary trar acerning (1 Ild include iable per-p ces listed. period that	nsmission) services both the rogram basis, t were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEC	SORY OF SERVICE	RATE
	Pay cable	14-19.99/mo		ation: Non-res tel, hotel	Idential				
	Pay cable—add'l channel			nmercial					
	• Fire protection			/ cable					1
	•Burglar protection			v cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	First set			glar protection					
	 Additional set(s) 	0-49.95		services:					
	• FM radio (if separate rate)			connect					
	Converter		-	connect					
			• Out	let relocation					
			• Mov	ve to new addr	ess				

				FORM SA1-2E. PAC
lame	LEGAL NAME OF OWNER OF			SYSTEM 636
	Dickeyville Telephone PRIMARY TRANSMITTERS:			
G smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channel 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	also in space I, if the station was carrie 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	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a such the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form.	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	жко	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
				
s as Necessary	WISC-DT2	3.2	N-M	Madison, WI
rs as Necessary	WISC-DT2 WMSN	3.2 47.1	N-M	Madison, WI Madison, WI
s as Necessary	WMSN	47.1	N	Madison, WI
as Necessary	WMSN WMSN-DT2	47.1 47.2	N N-M	Madison, WI Madison, WI
as Necessary	WMSN WMSN-DT2 WMSN-DT3	47.1 47.2 47.3	N N-M N-M	Madison, WI Madison, WI Madison, WI
as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4	47.1 47.2 47.3 47.4	N N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI
as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV	47.1 47.2 47.3 47.4 15.1	N N-M N-M N-M N	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2	47.1 47.2 47.3 47.4 15.1 15.2	N N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3	47.1 47.2 47.3 47.4 15.1 15.2 15.3	N N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
s as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4	47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4	N N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
s as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA	47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 21.1	N N-M N-M N-M N N-M N-M N-M E	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
rs as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2	47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 21.1 21.2	N N-M N-M N-M N-M N-M N-M E E E-M	Madison, WI
rs as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3	47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 21.1 21.2 21.3	N N-M N-M N-M N-M N-M N-M E E E-M E-M	Madison, WI
rs as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N N-M N-M N-M N-M N-M N-M E E E-M E-M E-M	Madison, WI Madison, WI
rs as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3	47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 21.1 21.2 21.3	N N-M N-M N-M N-M N-M N-M E E E-M E-M	Madison, WI
rs as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N N-M N-M N-M N-M N-M N-M E E E-M E-M E-M	Madison, WI Madison, WI
rs as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N N-M N-M N-M N-M N-M N-M E E E-M E-M E-M	Madison, WI Madison, WI
rs as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N N-M N-M N-M N-M N-M N-M E E E-M E-M E-M	Madison, WI Madison, WI
rs as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N N-M N-M N-M N-M N-M N-M E E E-M E-M E-M	Madison, WI Madison, WI
rs as Necessary	WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N N-M N-M N-M N-M N-M N-M E E E-M E-M E-M	Madison, WI Madison, WI

ounting Period	-			EVETEM I
Name	LEGAL NAME OF OWNER OF			SYSTEM II
	Dickeyville Telephone	e, LLC		6364
	PRIMARY TRANSMITTERS:	TELEVISION		
^		entify every television station (including		
G		m during the accounting period, except		
D eimenne		in effect on June 24, 1981, permitting th		
Primary Fransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	(e)(2) and $(4))];$ and (2) certain static	ons carried on a
Television		: With respect to any distant stations ca	arried by your cable system on a subs	stitute program
		lles, regulations, or authorizations:		
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (t	he Special Statement and Program Lo	og)—if the
	-	also in space I, if the station was carrie	d both on a substitute basis and also	on some other
		on concerning substitute basis stations,		
		n's call sign. <i>Do not</i> report origination p	•	
	"WETA-2" as the same on t	d with a station according to its over-the	e-air designation. For example, report	t multistream
		el number the FCC assigned to the tele	evision station for broadcasting over th	ne air in its community
		RC is channel 4 in Washington, D.C.		······································
		case whether the station is a network	•	
		ring the letter "N" (for network), "N-M" (
		"E" (for noncommercial educational), o		nal multicast).
		erms, see page (iv) of the general instrunt n of each station. For U.S. stations, list		s licensed by the
	Column 4: Give the locatio	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is	2
	Column 4: Give the locatio	n of each station. For U.S. stations, list	the community to which the station is	2
	Column 4: Give the locatio	n of each station. For U.S. stations, list	the community to which the station is	2
	Column 4: Give the locatio	n of each station. For U.S. stations, list	the community to which the station is	2
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
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	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
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	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is he community with which the station is	s identified.

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM I
Dickeyville 1	Felephone,	LLC						636
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein t the Co sign of the static ion's sig g a chech n's locati	I-Band FM Carriage: Under them whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which the	at the system's he system's FM ant this point, see pa sed by the cable the station is licer	eadend, and (2 enna, during c age (v) of the g system as a so used by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
I/A								
				1 1				

Accounting Perio	od: 2018/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Dickeyville Telephone	LLC						63643
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, identi		-			ion that your cat	nle syster	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pa	per SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	<u> </u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
i rogiani 20g	Note: If your answer is "No'	leave the	rest of this nad	e blank. If your answer is '	Yes " vou mi		-	
	-	, leave the	rest of this pag		res, you me	ist complete the	program	1
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their me	aning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				•	2	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the FC	C or. in	
	the case of Mexican or Can	adian static	ons, if any, the o	community with which the	station is iden	itified).		
			when your sys	tem carried the substitute p	orogram. Use	numerals, with	the mon	th
	first. Example: for May 7 giv		aubatituta pro	arom was carried by your a	able avetom	List the times of	oourotol	
	to the nearest five minutes.			gram was carried by your or ed by a system from 6:01:1				у
	stated as "6:00–6:30 p.m."		i program oann		o p to o. <u>-</u>			
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulations i		
						IN SUBSTITUT		
		2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						-		
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Dickeyville Telephone, LLC	S	YSTEM ID# 63643
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	of e ,253.54
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		
	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		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance 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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Dickeyville Telephone, LLC	SYSTEM ID# 63643
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	18 138
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Peggy Smykal Telephone	(802) 485-9748
	Address 24 Depot Square, Unit 2 (Number, street, rural route, apartment, or suite number) Northfield, VT 05663 (City, town, state, zip)	
	Email finance@tdstelecom.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	stem as identified
	X /s/ Sharon V. Tisdale Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Sharon V. Tisdale	
	Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
	Date: 20 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 telephoi 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 lav

unting Period: 2018/2	
	SYSTEM 636
eyville Telephone, LLC	0304
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gross Receipts Exclusio
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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