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
08/20/2019	\$ 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))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20191 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
		Merrimac Communications, Ltd.
		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 salready 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:
		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.

Accounting Period:	2019/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		
	Merrimac Communications, Ltd.	24871
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated con	nmunities within unincorporated areas and including single,
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	as the "first community." Please use it as the first community on all future filings.	t this serve as a form of system faction factor hereafter this this
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Village of Merrimac	WI
Community	Village of Prairie du Sac	WI
	Village of Sauk City	WI
Add Rows as Necessary	Town of Caledonia	WI
•	Town of Greenfield	WI
		WI
	Town of Mazomanie	
	Town of Merrimac	WI
	Town of Prairie du Sac	WI
	Town of Roxbury	WI
	Town of Sumpter	WI
	Town of West Point	WI

Accounting Period: 2019/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 24871

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Merrimac Communications, Ltd.

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							
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE					
Residential:											
Service to first set	1,289	\$20/mo									
Service to additional set(s)											
FM radio (if separate rate)											
Motel, hotel	35	\$52.80/mo									
Commercial											
Converter	2,610	\$8/Mo.									
Residential											
Non-residential											
			1 1								

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 		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	\$0-\$25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24871

4 LOCATION OF STATION

Merrimac Communications, Ltd.

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

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	I	Madison, WI
WMSN-DT2	47.2	I-M	Madison, WI
WMSN-DT3	47.3	I-M	Madison, WI
WMSN-DT4	47.4	I-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
WIFS-DT2	57.2	I-M	Janesville, WI
WIFS-DT3	57.3	I-M	Janesville, WI
W43BR	43	I	Barraboo, WI

3 TYPE OF STATION

Add Rows as Necessary

Name				FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM ID#
	Merrimac Communic	ations, Ltd.		24871
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syste FCC rules and regulations	entify every television station (including trem during the accounting period, except in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61)	 stations carried only on a part-time carriage of certain network programs 	basis under [sections
Transmitters:		as explained in the next paragraph. s: With respect to any distant stations car	riad by your pable system on a substit	into program
Television	basis under specific FCC r • Do not list the station he station was carried only or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the locations at the station of the set the column 4: Give the locations at the station of the set the station of the station o	ules, regulations, or authorizations: re in space G—but do list it in space I (then a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, son's call sign. Do not report origination prod with a station according to its over-the-	both on a substitute basis and also or ee page (v) of the general instructions ogram services such as HBO, ESPN, air designation. For example, report n ision station for broadcasting over the ation, an independent station, or a no or network multicast), "I" (for independ "E-M" (for noncommercial educationations in the paper SA1-2 form.)—if the a some other action is the community each in the community encommercial ent), "I-M" I multicast). censed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Merrimac Communications, Ltd.

24871

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 EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI UI FIVI	3/0	LOCATION OF STATION
I/A							
	 						
							
			[<u>-</u>				
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			[<u>-</u>				
	 						
							
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d: 2019/1						FOR	RM SA1-2E. PAGE 5.			
							SYSTEM ID# 24871			
In General: In space I, identified substitute basis during the acceptanation of the programming 1. SPECIAL STATEMENT • During the accounting periods.	ry every norecounting peng that must CONCER	nnetwork televiseriod, under spett be included in	cion program, broadcast ecific present and former this log, see page (v) of TTUTE CARRIAGE	by a <i>distant</i> s FCC rules, reg the general in	ulations, or a structions in t	authorizations the paper SA1	. For a further -2 form.			
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograr log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another stat under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the mor first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurate to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was require to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed prograw was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.										
SI 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH 6.		CURRED TIMES	7. REASON FOR DELETION			
	Merrimac Communicat SUBSTITUTE CARRIAGE In General: In space I, identifi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri- broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a cunder certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. If Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Cana Column 5: Give the mont first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. Is stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	Merrimac Communications, Ltd SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did your broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every nor period, was broadcast by a distant stati under certain FCC rules, regulations, or Do not use general categories like "mor "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast statio the case of Mexican or Canadian statio Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulatio was substituted for programming that y effect on October 19, 1976.	Merrimac Communications, Ltd. SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this paglog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separar clear. If you need more space, please add additional raculum 1: Give the title of every nonnetwork televit period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcat Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your systifirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carries stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	Merrimac Communications, Ltd. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM IN General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute be broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitunder certain FCC rules, regulations, or authorizations. See page (v) of the go not use general categories like "movies" or "basketball." List specific prog "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise ente Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations are program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:05 stated as "6:00–6:30 p.m." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:05 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete undeffect on October 19, 1976.	Merrimac Communications, Ltd. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant st substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general instance). SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonr broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever periodear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") to period, was broadcast by a distant station and that your cable system substituted for the prend of was broadcast by a distant station and that your cable system substituted for the program or "basketball." List specific program titles, for example: To result of the program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the month and day when your system carried the substitute program. In the case of Mexican or Canadian stations, if any, the community with which the station is lied to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the I was substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG	LEGAL NAME OF OWNER OF CABLE SYSTEM: Merrimac Communications, Ltd. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable systs substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another statunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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 location file the month and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should b			

ccounting Period:		L NAME OF C	WNER OF CA	ABLE SYS	TEM:										1-2E. PAGE YSTEM II
Name		rimac Co													2487
K Gross Receipts	Insti all a (as i page	mounts (greated in the continuity of the Gross received in the continuity of the con	he figure yoss receipt space E) of general in eipts from s	s) paid to during the estruction subscribe	to your on the account on the account of the accoun	cable system of the cable	stem by eriod. Fo e paper ry transi	subscror a furt SA1-2 f mission	bers for the her explatorm. service(s	ne syste nation of)	m's se how t	ount you pay econdary tra o compute	nsmissior this amou	n servic nt, see	е
		during the ORTANT:											\$ (Amo		1,009.86 pss receipts)
Copyright Royalty Fee	InstructionCommonUseUseUse		compute that 1, block 2 ne amount ne amount ne amount	ne royali , or blo of gross of gross of gross	ock 3. s receipt s receipt s receipt	ts in spa ts in spa ts in spa	ice K is ice K is	more th more th	an \$137,′ an \$263,8	300 but le	ess th	an or equal an \$527,600		00	
					BLOC	K 1: GR	ROSS F	RECEIP	TS OF \$	137,100	OR L	ESS			
		uctions: As ounting perio			n gross r	eceipts o	of \$137,1	100 or le	ss, the roy	alty fee t	that yo	u must pay	or this six-	-month	
	Line	1. Royalty f	ee for acco	unting p	eriod										
	Line	2. Interest	charge. Ent	ter the a	ımount fr	rom line 4	4, space	Q, page	8				. <u> </u>		0.00
	Line	3. TOTAL I	ROYALTY I	FEE PA	YABLE	FOR AC	COUNT	ING PE	RIOD Add	l lines 1 a	and 2				
	Line	o. TOTAL										re than \$13	_		
	1. Ba	ase amount	under statu	itory forr	mula					\$		263,800.0	0_		
	2. Er	nter amount	of gross re	ceipts fr	om spac	ce K				\$		211,009.8	6_		
	3. St	ubtract line	2 from line 1	1						\$		52,790.1	<u>4</u>		
	4. Er	nter the amo	ount of gros	s receip	ts from s	зрасе К.						\$	211,00	9.86	
	5. Er	nter the amo	ount from lin	ne 3							· · · · <u> </u>	\$	52,79	0.14	
	6. Sı	ubtract line	5 from line 4	4							_	\$	158,21	9.72	
	7. M	ultiply line 6	by .005 (er	nter figur	re here)								\$		791.10
	8. In	terest charg	e. Enter the	e amour	nt from li	ine 4, spa	ace Q, p	age 8							0.00
	9. T (OTAL ROY	ALTY FEE I	PAYABI	LE FOR	ACCOU	INTING	PERIOD	. Add line	s 7 and 8	3		\$		791.10
			BLOC	K 3: GF	ROSS F	RECEIP	TS OF	MORE	THAN \$2	263,800	(but le	ess than \$5	27,600)		
	1. Er	nter the amo	ount of gros	s receip	ts from s	space K .									
		ase amount	_									263,800.0	<u> </u>		
	4. M	ultiply line 3	by .01												
	5. Ro	oyalty due c	n the first \$	263,800) of gross	s receipts	s (under	statutor	y formula)		· · · · · <u> </u>	\$	1,31	9.00	
	6. In	terest charg	e. Enter th	e amour	nt from li	ine 4, spa	ace Q, p	age 8			· · · · <u> </u>		(0.00	
	7. T C	OTAL ROY	ALTY FEE I	PAYABI	LE FOR	ACCOU	INTING	PERIOD	. Add line	s 4, 5, an	nd 6				
				FILI	ING FE	E AND	TOTAL	REMIT	TANCE	DUE					
Filing Fee and Total Remittance	1. Ro	oyalty Fee F	Payable for	Account	ing Perio	od (from	Block 1,	, 2, or 3,	above)			\$	79 ⁻	1.10	
Due	2. Fil	ling Fee (Se	e the instru	ıctions fo	or more i	informati	on on fil	ing fee o	alculation	s)		\$	2	0.00	
	3. TO	OTAL AMO	UNT DUE F	FOR AC	COUNT	ING PER	RIOD. A	dd lines	s 2 and 3				\$		811.10
		Importar							-	-	-	le to the Re	-	Copyrig	hts!
			See p	page i o	f the ae	neral ins	structio	ns in the	e paper S	A1-2 fori	m for	more inforn	nation.		

2019/1																						FORM	SA1-2	E. PA	AGE 7	7
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Name S	Stephanie Weber														ТТ	eleph	one (608) 66	4-47	721					
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I have examined the statement of account and hereby declare under penalty of law are true, complete, and correct to the best of my knowledge, information, and belief, [18 U.S.C., Section 1001(1986)] X /s/ Amanda K. Moorettle official position held in corporation or partnership in the duty of law are true, complete, and correct to the best of my knowledge, information, and belief, [18 U.S.C., Section 1001(1986)]	LEGAL NAME OF OWNER OF CABLE SYSTEM: Merrimac Communications, Ltd. CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels durif 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. 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Name Stephanie Weber Address S25 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53717 (City, town, state, zip) Email finance@tdstelecom.com CERTIFICATION (This statement of account must be certified and signed in accordance with a little and the statement of account of partnership) I am the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B. 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LECAL NAME OF OWNER OF CABLE SYSTEM: SYX Marriana Communications, Ltd.	ECAN NAME OF CAME OF CAME SYSTEM: Morrimac Communications, Ltd. 2 CHANNELS	ECRN NAME OF OWNER OF CALLE SYSTEM: 2487 Marriana Communications, Ltd. 2487 CANANELS 1884 2487 Marriana Communications, Ltd. 2487 Marriana Communications, Ltd. 2487 Marriana Communications, Ltd. 2487 Marriana Communications 2487 Marriana Communication 2487 Marriana Communicati

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

counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
errimac Communications, Ltd.	24871
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 Name Mailing Address Mailing Address	
Walling Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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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