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									
\$	FOR COPYRIGHT OFFICE USE ONLY								
08/20/2019	DATE RECEIVED	AMOUNT							
	08/20/2019								

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 20191 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
		Hollis 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 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:
	<u>'</u>	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.

Accounting Period:	2019/1									
Accounting Periou.	2013/1	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Hollis Telephone Company, Inc.	63536								
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.									
	CITY OR TOWN	STATE								
First	Hollis	NH								
Community										
Add Rows as Necessary										

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Hollis Telephone Company, Inc.

63536

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS	RAIL	CATEGORT OF SERVICE	SUBSCRIBERS	KAIL	
 Service to first set 	967	\$20/mo				
 Service to additional set(s) 						
FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential	967	\$8/mo				
Non-residential						
1	1	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	14-19.99/mo	Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		• Pay cable		
Burglar protection		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
• First set		Burglar protection		
 Additional set(s) 	\$0-\$49.95	Other services:		
• FM radio (if separate rate)	\$0-\$49.95	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:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 63536

4. LOCATION OF STATION

Hollis Telephone Company, Inc.

1. CALL SIGN

G

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. B'CAST CHANNEL NUMBER

I. OALL GION	2. B OAGT GHANNEE NOMBER	3. THE OF STATION	41 200/11/01/01/01/01/01
WMUR	9.1	N	Littleton, NH
WMUR-DT2	9.2	N-M	Littleton, NH
WBZ	4.1	N	Boston, MA
WBZ-DT2	4.2	N-M	Boston, MA
WFXT	25.1	N	Boston, MA
WFXT-DT2	25.2	N-M	Boston, MA
WFXT-DT3	25.3	N-M	Boston, MA
WBTS-LD	15.1	N	Boston, MA
WLVI	56.1	l	Cambridge, MA
WENH	11.1	E	Durham, NH
WENH-DT2	11.2	E-M	Durham, NH
WENH-DT3	11.3	E-M	Durham, NH
WGBH	2.1	E	Boston, MA
WGBX	44.1	Е	Boston, MA
WGBX-DT3	44.3	E-M	Boston, MA
WVTA	41.1	Е	Windsor, VT
WNEU	60.1	1	Merrimack, NH
WHDH	7.1	<u> </u>	Boston, MA
WHDH-DT2	7.2	I-M	Boston, MA
WPXG	21.1	<u> </u>	Concord, NH
WSBK	38.1	1	Boston, MA
WWJE-DT	50.1	<u> </u>	Derry, NH
WYCU-LD	26.1	I	Charlestown, NH

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period:	2019/1			FORM SA1-2E. PAGE 3
	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Name	Hollis Telephone Co	mpany, Inc.		63536
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: 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 not list the station he station was carried only 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 channof license. For example, V Column 3: Indicate in each educational station, by end (for independent multicast For the meaning of these Column 4: Give the locations	lentify every television station (including mem during the accounting period, exceptin effect on June 24, 1981, permitting (e)(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. S: With respect to any distant stations or rules, regulations, or authorizations: re in space G—but do list it in space I (in a substitute basis. also in space I, if the station was carried on concerning substitute basis stations on's call sign. Do not report origination and with a station according to its over-the	of (1) stations carried only on a part-ti- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain state carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also is, see page (v) of the general instruction program services such as HBO, ESP ide-air designation. For example, repo- evision station for broadcasting over to a station, an independent station, or a (for network multicast), "I" (for indepe- or "E-M" (for noncommercial education cuctions in the paper SA1-2 form. In the station in the sta	me basis under ms [sections ions carried on a stitute programog)—if theon some other ons. N, etc. Identify each rt multistreamon its communityon moncommercialon moncommercialon multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Hollis Telephone Company, Inc.

63536

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							
IN/A	 	 -					
	 	 -					
	 	 -					
	 	 					
	 	 					
							
						 	
						 	
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Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.			
-	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#			
Name	Hollis Telephone Com	pany, Inc.	•					63536			
l Code atituata	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the acceptantion of the programm	fy every nor	nnetwork televis	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	ıthorizations.	For a further			
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting periods				eie anv nonne	stwork talavis	sion program	1			
Statement and	broadcast by a distant state	•	r cable system	carry, orr a substitute ba	Sis, arry norme	itwork televis		X NO			
Program Log	,					L	YES				
	Note: If your answer is "No"	', leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust complete	e the prograr	m			
	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 station 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 month 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 accurately 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 required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in										
	effect on October 19, 1976.										
	WHEN SUBSTITUTE										
	S	UBSTITUT	E PROGRAM	1	CARR	IAGE OCC	URRED	7. REASON FOR			
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> — то</u>				
							<u> </u>				
							_				
						-	<u> </u>				
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								'			
							<u> </u>				
							<u> </u>				
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2019/1				A1-2E. PAGE						
LEGAL NAME OF OWNER OF CABLE SYSTEM: Hollis Telephone Company, Inc.			S	YSTEM ID 6353						
all amounts (gross receipts) paid to your cable system by subso (as identified in space E) during the accounting period. For a fu page (vii) of the general instructions located in the paper SA1-2 Gross receipts from subscribers for secondary transmission during the accounting period.	cribers for the system rther explanation of form. n service(s)	m's secondary tra how to compute	this amount, see	0,130.49						
 Use block 2 if the amount of gross receipts in space K is more t Use block 3 if the amount of gross receipts in space K is more t 	han \$137,100 but le han \$263,800 but le	ess than \$527,600								
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS										
	ess, the royalty fee t	hat you must pay f	for this six-month							
				0.00						
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8										
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2										
BLOCK 2: GROSS RECEIPTS OF \$263	3,800 OR LESS (bu	ut more than \$13	37,100)							
Base amount under statutory formula		263,800.0	<u>0</u>							
2. Enter amount of gross receipts from space K		200,130.4	9_							
3. Subtract line 2 from line 1	\$	63,669.5	<u>1</u>							
			200,130.49							
5. Enter the amount from line 3		<u>\$</u>	63,669.51							
6. Subtract line 5 from line 4		\$	136,460.98							
				682.30						
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	E THAN \$263,800	(but less than \$5	527,600)							
Enter the amount of gross receipts from space K										
			<u> </u>							
			1,319.00							
		-								
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6										
FILING FEE AND TOTAL DEMI	TTANCE DUE									
TENOTE AND TOTAL REWI										
Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3)	3, above)	<u>\$</u>	682.30							
2. Filling Fee (See the instructions for more information on filling fee	calculations)	\$	20.00							
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add line	es 2 and 3		\$	702.30						
Important: Your remittance must be in the form of an o	ectronic navment r	navable to the Po	nister of Copyria	ıhts!						
portant. Tour rountained must be in the form of all el	payment p	,	g.c.c. o. oopyiig	,						
	LIEGAL NAME OF OWNER OF CABLE SYSTEM: Hollis Telephone Company, Inc. GROSS RECEIPTS Instructions: The figure you give in this space determines the all amounts (gross receipts) paid to your cable system by subsc (as identified in space E) during the accounting period. For a fupage (vii) of the general instructions located in the paper SA1-2 Gross receipts from subscribers for secondary transmission during the accounting period. IMPORTANT: You must complete a statement in space P cond 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 more to the state of the secondary of the secondary in space K is more to the secondary of the secondary in space K is more to the secondary of the general instructions located in the paper SA1-2 to Use block 3 if the amount of gross receipts in space K is more to See page (vi) of the general instructions located in the paper SA1-2 to Use block 3 if the amount of gross receipts in space K is more to See page (vi) of the general instructions located in the paper SA1-2 to Use block 3 if the amount of gross receipts of \$137,100 or accounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PIBLOCK 2: GROSS RECEIPTS OF \$263 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 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. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIO BLOCK 3: GROSS RECEIPTS OF MORE 1. Enter the 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 statute 6. Interest charge. Enter the amount from line 4, space Q, page 8. 7. TOTAL ROY	LEGAL NAME OF OWNER OF CABLE SYSTEM: Hollis Telephone Company, Inc. GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) poid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. Or a further explanation of 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 receipt Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1f the amount of gross receipts in space K is \$137,100 or less 1 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but it visue block 3 if the amount of gross receipts in space K is more than \$263,800 but is See page (vi) of the general instructions located in the paper SA1-2 form for more inform to use block 2 if the amount of gross receipts of \$137,100 or less, the royalty fee 1 accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1: BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b 1. Base amount under statutory formula \$ 2. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 6. Subtract line 2 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 1. Enter the amount of gross receipts from space K 5. Base amount 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,	LEGAL NAME OF OWNER OF CABLE SYSTEM: Hollis Telephone Company, Inc. GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tractions: The figure you give in this space by subscribers for the system's secondary tractions in space (b) during the accounting period. Compare the replanation of how to compute page from subscribers for secondary transmission service(s) during the accounting period. Instructions: To compute the five ryally fee you owe:	CROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) and to your cable system by subscribers for the system's secondary transmission servic (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 from. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. GROPKINGHT ROYALTY FEE Particular (see the secondary transmission service(s) during the accounting period. Subscibling the amount of gross receipts in space K is s137,100 or less. Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$283,800. Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$283,800. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00. Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100). 1. Base amount under stabutory formula. \$ 263,800.00 2. Enter amount of gross receipts from space K. \$ 200,130.49 5. Enter the amount of gross receipts from space K. \$ 200,130.49 6. Enter the amount of gross receipts from space K. \$ 200,130.49 6. Enter the amount of gross receipts from space K. \$ 200,130.49 7. Multiply line 6 by .005 (enter figure here). \$ 3. Subtract line 2 from lin						

Accounting Period:	2019/1											FORM	I SA1-2E. PAGE 7
Name	LEGAL NAME OF OV Hollis Telephone	NNER OF CABLE SYSTEM: e Company, Inc.											SYSTEM ID# 63536
M Channels	to its subscribers, 1. Enter the total n system carried te 2. Enter the total n on which the cab	u must give (1) the number of and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ole system carried television but st services.	otal numbers the cable	e	vated chann	els during th	he acco	ounting peri	iod.			23	
N Individual to Be Contacted		BE CONTACTED IF FURTHE		RMATION	I IS NEEDE	D (Identify a	an indiv	vidual to wh	nom				
for Further Information	Name	Stephanie Weber							Telepho	ne (60	08) 664-47	721	
		525 Junction Rd (Number, street, rural route, apartm	nent, or suite	te number)									
	I	Madison, WI 53717 (City, town, state, zip)											
	Email	finance@tdstele	ecom.com	n				Fax (option	nal)				
	CERTIFICATION (T	This statement of account mu	ust be certi	tified and	signed in ac	ccordance w	with Co	pyright Offic	ce regulation	ıs)			
O Certification	• I, the undersigned	l, hereby certify that (Check one	ne, <i>but only</i>	y one, of t	he boxes.)								
	(Owner	other than corporation or pa	artnership)) I am the	owner of the	e cable syste	em as id	dentified in I	ine 1 of space	e B; or			
		of owner other than corporati					d agent	of the owner	er of the cable	e systen	n as identifie	ed	
	X (Officer	ne 1 of space B and that the ow					of the I	legal entity i	dentified as o	wner of	the cable sy	ystem	
	I have examined the	ne 1 of space B. the statement of account and he and correct to the best of my ke 1001(1986)]	-							in			
			X	/s/ Sha	aron V. Ti	sdale				<u> </u>			
					signature on ng an "/s/ sigi				tement.				
		Typed or printed	name:	Sharo	n V. Tisc	lale							
			Assista fficial position		easurer orporation or p	artnership)							
		Date:						20 Augus	st 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 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#
ollis Telephone Company, Inc.	63536
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	
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	1111111 1111111
ID number First community served Accounting period	

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