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

CCOUNTING 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)
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.
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
Wilton 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)
ISTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
1 IDENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.
MAILING ADDRESS OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)
(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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:	2010/1	1								
Accounting Periou.	2013/1	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name		63606								
	Wilton Telephone Company, Inc.									
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known								
Area Served	ote: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the lentified city.									
	CITY OR TOWN	STATE								
First	Wilton	NH								
Community										
Add Davis as Nassassas										
Add Rows as Necessary										
		,								
		,								

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Wilton Telephone Company, Inc.

63606

# E

## 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:						
Service to first set	503	\$20/mo				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential	503	\$8/mo				
Non-residential						
	T	T		T		

# 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 RAT	ΓE
Continuing Services:		Installation: Non-residential			
Pay cable	14-19.99/mo	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		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	\$19.98-\$39.96		
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63606

4. LOCATION OF STATION

Wilton Telephone Company, Inc.

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

I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. THE OF STATION	4. LOCATION OF STATION
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	<u> </u>	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	E	Boston, MA
WGBX-DT3	44.3	E-M	Boston, MA
WVTA	41.1	E	Windsor, VT
WNEU	60.1	<u> </u>	Merrimack, NH
WHDH	7.1	<u>l</u>	Boston, MA
WHDH-DT2	7.2	I-M	Boston, MA
WPXG	21.1	<u>l</u>	Concord, NH
WSBK	38.1	l	Boston, MA
WWJE-DT	50.1	<u>l</u>	Derry, NH
WYCU-LD	26.1	l	Charlestown, NH

3. TYPE OF STATION

Add Rows as Necessary

U.S. Copyright Office

Accounting Period:	2019/1			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
	Wilton Telephone Co	mpany, Inc.		63606						
	PRIMARY TRANSMITTERS:	TELEVISION								
G			g translator stations and low power tele of (1) stations carried only on a part-tin							
			the carriage of certain network progran							
Primary			61(e)(2) and (4))]; and (2) certain station	ons carried on a						
Transmitters: Television		s explained in the next paragraph.  • With respect to any distant stations of	carried by your cable system on a subs	titute program						
relevision		les, regulations, or authorizations:	same by your subjection on a subs	mate program						
			the Special Statement and Program Lo	og)—if the						
	station was carried <i>only</i> on		ed both on a substitute basis and also	on some other						
			s, see page (v) of the general instruction							
	Column 1: List each station	n's call sign. Do not report origination	program services such as HBO, ESPN	I, etc. Identify each						
	multicast stream associated "WETA-2" as the same on the same of t	•	ne-air designation. For example, report	t multistream						
			evision station for broadcasting over th	ne air in its community						
	of license. For example, W	RC is channel 4 in Washington, D.C.	· ·	,						
			s station, an independent station, or a r							
			(for network multicast), "I" (for indeper or "E-M" (for noncommercial education							
		erms, see page (iv) of the general insti		iai mattoasty.						
		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 Cana	dian stations, if any, give the name of	the community with which the station is	s identified.						
	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#

Wilton Telephone Company, Inc.

63606

## 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	<b>_</b>					 	
	<b></b>						
	<del> </del>		<del> </del>				
	<del> </del>						
	<b></b>					 	
	<b>_</b>						
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	<b>_</b>						
	<b>†</b>						

						1 011	M SA1-2E. PAGE 5.		
LEGAL NAME OF OWNER OWNER OF OWNER OF OWNER OWNER OF OWNER OWNE							SYSTEM ID# 63606		
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 system car substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for a substitute basis.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  YES  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
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 "57."  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									
SI 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	RIAGE OCO	TIMES	7. REASON FOR DELETION		
	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  During the accounting period broadcast by a distant stati Note: If your answer is "No", log in block 2.  2. LOG OF SUBSTITUTE In General: List each substit clear. If you need more space Column 1: Give the title of period, was broadcast by a counder certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. E Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Cana Column 5: Give the mont first. Example: for May 7 give Column 6: State the time to the nearest five minutes. I stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules ar was substituted for program effect on October 19, 1976.	Wilton Telephone Company, Inc.  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every non substitute basis during the accounting perexplanation of the programming that mustained.  1. SPECIAL STATEMENT CONCER  During the accounting period, did your broadcast by a distant station?  Note: If your answer is "No", leave the relog in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progratclear. If you need more space, please at Column 1: Give the title of every non period, was broadcast by a distant station under certain FCC rules, regulations, or Do not use general categories like "mon "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the second of the case of Mexican or Canadian station Column 5: Give the month and day of the case of Mexican or Canadian station Column 5: Give the times when the tothe nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the lot delete under FCC rules and regulation was substituted for programming that you effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT 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 SUBSTITUTE PROGRAMS In General: List each substitute program on a separatelear. If you need more space, please add additional recolumn 1: Give the title of every nonnetwork televis period, was broadcast by a distant station, 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 broadcast Column 4: Give the broadcast station's location (the 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 program to delete under FCC rules and regulations in effect duwas substituted for programming that your system to delete under FCC rules and regulations in effect duwas substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L. In General: In space I, identify every nonnetwork television program, broadcast Is substitute basis during the accounting period, under specific present and former I 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 basis broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is 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 substitu under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute program was carried 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 Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by out to the nearest five minutes. Example: a program carried by a system from 6:0 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 underfect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reguexplanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnebroadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you make it is going block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever poclear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction to use general categories like "movies" or "basketball." List specific program titles, for e: "NBA Basketball: 76ers vs. Bulls."  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 lice the case of Mexican or Canadian stations, if any, the community to which the station is lice the case of Mexican or Canadian stations, if any, the community to which the station is lice the case of Mexican or Canadian stations, if any, the community to which the station is lice the case of Mexican or Canadian stations, if any, the community to which the station is lice the case of Mexican or Canadian stations, if any, the community to which the station is lice the case of Mexican or Canadian stations, if any, the community of the program.  Column 6: State the times when the substitute program was carried by your c	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in total specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in total specific program on the programming that must be included in this log, see page (v) of the general instructions in total specific program on a substitute basis, any nonnetwork televibroadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L "NBA Basketball: Toers 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 the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the the case of Mexican or Canadian stations, if any, the community of which the station is licensed by t	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 syste 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 program 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 state 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: Toers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the broadcast station's location (the community to which the station is identified).  Column 6: Give the broadcast station's location (the community to which the station is identified).  Column 7: Give the broadcast station's location (the community to which the station is identified).  Column 7: Give the tromth and day when your system carried by 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		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Wilton Telephone Company, Inc.	S	YSTEM ID: 63606
K Gross Receipts	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 trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	ismission service nis amount, see	e 1,557.76
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 fo accounting period is \$52.00	r 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		
	1. Base amount under statutory formula		
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	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)		
	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 \$52	7,600)	
	1. Fator the amount of gross respires from appear K		
	Enter the amount of gross receipts from space K	_	
		_	
	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)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	•	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period:	2019/1							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE Wilton Telephone (	ER OF CABLE SYSTEM: Company, Inc.						SYSTEM ID# 63606
M Channels	to its subscribers, and  1. Enter the total num system carried telev  2. Enter the total num on which the cable s	ust give (1) the number of d (2) the cable system's to ober of channels on which vision broadcast stations.  The ober of activated channels system carried television bervices	otal numbe  the cable s  broadcast	er of activated channels	s during the ac	counting period.	ons	23 381
N Individual to Be Contacted		CONTACTED IF FURTHI this statement of accoun		MATION IS NEEDED	(Identify an ind	dividual to whom		
for Further Information	Name Sto	ephanie Weber				Teleph	one (608) 664	-4721
		5 Junction Rd mber, street, rural route, apartn	ment, or suite	number)				
	I	adison, WI 53717 y, town, state, zip)						
	Email	finance@tdstele	ecom.com			Fax (optional)		
	CERTIFICATION (This	statement of account mu	ust be certi	fied and signed in acco	ordance with C	Copyright Office regulation	ons)	
O Certification	• I, the undersigned, he	ereby certify that (Check on	ne, <i>but only</i>	one, of the boxes.)				
	(Owner oth	er than corporation or pa	artnership)	I am the owner of the o	cable system as	s identified in line 1 of spa	ce B; or	
		wner other than corporat of space B and that the ov				ent of the owner of the cal	ole system as ident	tified
	X (Officer or	partner) I am an officer (if				e legal entity identified as	owner of the cable	e system
	I have examined the s	of space B. statement of account and h d correct to the best of my l 01(1986)]					rein	
			X	/s/ Sharon V. Tise	dale			
				lectronic signature on th ature using an "/s/ signa				
		Typed or printed	I name:	Sharon V. Tisda	le			
		Title: (Title of of		ant Treasurer  n held in corporation or part	tnership)			
		Date:				20 August 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#
/ilton Telephone Company, Inc.	63606
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	1
Name Mailing Address  Name Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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