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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	02/26/2020	ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
-			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		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.	1408
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Community Antenna System, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1010 Lake Street (Number, street, rural route, apartment, or suite number)	
		Hillsboro, WI 54634 (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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Community Antenna System, Inc.	1408
D Area Served	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First		SIATE
Community		
	Cazenovia	WI
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							515	TEM IC 140
	Community Antenna Sy	stem, Inc.							14(
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCR	IBERS AND R	ATES				
E	In General: The information in s								
. .	system, that is, the retransmission								
Secondary Fransmission	about other services (including p						iose existi	ing on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary						,	,	
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standai	ro rate variations	within a p	barticular rate	
	Block 1: In the left-hand block				ries of seco	ondarv transmiss	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count und	der "Servio	ce to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		0			•			
	BLC	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		6	78.63/mth					
	 Service to additional set(s) 		2	1.25/mth					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	NSMIS	SIONS: RATE	S				
Е	In General: Space F calls for rat	e (not subscribe	er) info	ormation with re	spect to al	l your cable syst	em's serv	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		Jouany	blied. If ally is		arged on a varia	ibic pei-pi	ograffi basis,	
ransmissions:	Block 1: Give the standard rat		e cabl	e system for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which as				shed. List	these other serv	ices in the	form of a	
	brief (two- or three-word) descrip	otion and include	e the r	ate for each.					
		BLOC					0.175.0	BLOCK 2	
				GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE	RATE							
	Continuing Services:	RATE	nstall	ation: Non-res					
	Continuing Services: • Pay cable	RATE	Install • Mo	ation: Non-res otel, hotel					
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Install • Mo • Co	ation: Non-res otel, hotel mmercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	• Mc • Co • Co • Pa	ation: Non-res otel, hotel mmercial y cable	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	• Mc • Co • Pa • Pa	ation: Non-res otel, hotel mmercial y cable y cable-add'l cł	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE I 7.50/mth I	Install ● Mc ● Co ● Pa ● Pa ● Fir	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 0 7.50/mth 40.00	● Mc ● Co ● Pa ● Pa ● Fir ● Bu	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 0 7.50/mth 40.00	Install • Mo • Co • Pa • Pa • Fir • Bu	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 0 7.50/mth 40.00	Install • Mo • Co • Pa • Pa • Fir • Bu	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential	25.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 0 7.50/mth 40.00	Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential	25.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 0 7.50/mth 40.00	Install • Mc • Co • Pa • Pa • Fir • Bu • Bu • Bu • Re • Dis	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential	25.00			

unting Period:	2019/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
	Community Antenna	System, Inc.		1408
G Primary rransmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, id. carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station here station was carried only or • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	TELEVISION lentify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program (1(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs he Special Statement and Program Lo d both on a substitute basis and also see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a re (for network multicast), "I" (for indepen- pr "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			3. THE OF GIANOR	4. LOOKHON OF OTATION
	WISC	3		
	WISC.2	3.2		
as Necessary	WKBT	8		
	WMTV	15		
	WMTV.3	15.3		
	WHA	21		
	WKOW	27		
	WKOW.2	27.2		
	WKOW.3	27.3		
	WMSN	47		
	WMSN.2	47.2		
	WMSN.3	47.3		
	WIFS	57		

Accounting P							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
Community	Antenna 5	ystem,	IIIC.					1408
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate	it is carried by monitoring, to prmation about m. dentify the call tate whether the radio stat this by placing	y the sys be recein at the Co l sign of the static ion's sig g a check	I-Band FM Carriage: Under the whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	at the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the			0 01, 11		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			N/A					

Accounting Perio	od: 2019/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Community Antenna S	system, In	IC.				1408
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi	-	-		-	ion that your cable	e system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pape	er SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE			
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>ision</u> p	rogram
Statement and Program Log	broadcast by a distant sta	tion?				Y	ES XNO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	a blank. If your anower is			
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the p	nogram
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their mea	nina is
	clear. If you need more spa						
				sion program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.			Lot opcome program			
				"Yes." Otherwise enter "N			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m. station is liss	need by the FCC	or in
	the case of Mexican or Can			e community to which the			or, in
				tem carried the substitute			ne month
	first. Example: for May 7 giv	/e "5/7."			-		
				gram was carried by your			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should	be
		er "R" if the	listed program	was substituted for progra	mming that y	our system was <i>r</i>	equired
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRE	D 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	DELETION
		100 01 110	ONEE OIGH				
						_	
						_	
						—	

Accounting Period:	2019/2 FORM SA	1-2E. PAGE 6.
Name		STEM ID#
	Community Antenna System, Inc.	1408
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (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 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 2 IMPORTANT: You must complete a statement in space P concerning gross receipts.	, 845.68 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	2. Base amount under statutory formula	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2019/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Antenna System, Inc.		SYSTEM ID# 1408
M Channels	to its subscrib 1. Enter the to system carrie 2. Enter the to on which the	ers, and (2) the cable system's total num al number of channels on which the cat ad television broadcast stations al number of activated channels cable system carried television broadca	ast stations	13
N Individual to		O BE CONTACTED IF FURTHER INF(ORMATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	Randall Kubarski	Telephone	608-489-2321
	Address	1010 Lake Street (Number, street, rural route, apartment, or s Hillsboro, WI 54634	uite number)	
	Email	(City, town, state, zip)	com Fax (optional) 608-489-232	1
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, complete	ned, hereby certify that (Check one, <i>but or</i> ner other than corporation or partnersh nt of owner other than corporation or p n line 1 of space B and that the owner is r icer or partner) I am an officer (if a corpo n line 1 of space B. ed the statement of account and hereby de	ip) I am the owner of the cable system as identified in line 1 of space B; partnership) I am the duly authorized agent of the owner of the cable sy	stem as identified
			/s/ Randall Kubarski n electronic signature on the line above to certify this statement. ignature using an "/s/ signature" (e.g., /s/ John Smith) Randall Kubarski	
		Title: Presi (Title of official pos	ident ition held in corporation or partnership)	
		Date:	January 29, 2020	

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unting Period: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
imunity Antenna System, Inc.	140
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." 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.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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