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					
1-28-20	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MH Telecom LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	_
		мнтс	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		200 E Main St (Number, street, rural route, apartment, or suite number)	
		Mount Horeb WI 53572 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: MH Telecom LLC	FORM SA1-2E. PAGE							
Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated community or municipal entity). "a separate and distinct community or municipal entity (including unincorporated community or municipal entity). "a separate and distinct community or municipal entity (including unincorporated community). "a separate and distinct community or municipal entity (including unincorporated community). "a separate and distinct community or municipal entity (including unincorporated community). "a separate and distinct community." 47 C.F.R. 76.5(dd). The first community that you list of 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 hon identified city. CITY OR TOWN Mount Horeb Dodgeville	SYSTEM II							
"a separate and distinct community or municipal entity (including unincorporated community or entity of community or municipal entity (including unincorporated community or entity of community or entity o	621							
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list was 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 homidentified city. CITY OR TOWN First Mount Horeb Community Blue Mounds Dodgeville								
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 hon identified city. CITY OR TOWN Mount Horeb Community Blue Mounds Dodgeville								
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon identified city. CITY OR TOWN Mount Horeb Community Blue Mounds Dodgeville	as the "first community." Please use it as the first community on all future filings.							
Served identified city. CITY OR TOWN First Community Blue Mounds Dodgeville								
CITY OR TOWN First Mount Horeb Community Blue Mounds Dodgeville	ine parks should be reported in parentneses below the							
First Mount Horeb Community Blue Mounds Dodgeville								
First Mount Horeb Community Blue Mounds Dodgeville								
Community Blue Mounds Dodgeville	STATE							
Dodgeville	WI							
	WI							
d Rows as Necessary A received a second and	WI							

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

MH Telecom LLC

62129

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.

BLOCK 1 BLOCK 2			< 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	966	37.70			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		•			

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	CA	TEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	37.70	Motel, hotel		HB	0	18.00
 Pay cable—add'l channel 		Commercial		Cin	imax	16.00
 Fire protection 		Pay cable		Sho	owtime	16.00
Burglar protection		Pay cable-add'l channel		Sta	rz	16.00
Installation: Residential		Fire protection				
• First set		Burglar protection				
 Additional set(s) 		Other services:				
• FM radio (if separate rate)		Reconnect				
 Converter 		Disconnect				
		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# 62129

MH Telecom LLC

PRIMARY TRANSMITTERS: TELEVISION

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKOW	27.1	N	Madison, WI
WKOW-1	27.2	N-M	Madison, WI
WKOW-3	27.3	N-M	Madison, WI
WMTV	15.1	N	Madison, WI
WMTV-2	15.2	N-M	Madison, WI
WMTV-3	15.3	N-M	Madison, WI
WBUW	57.1	l	Madison, WI
WHA-TV	21.1	E	Madison, WI
WHA-TV 2	21.2	E	Madison, WI
WHA-TV 3	21.3	E	Madison, WI
WMSN	47.1	N	Madison, WI
WMSN 2	47.2	N-M	Madison, WI
WISC	3.1	N	Madison, WI
WISC-2	3.2	N-M	Madison, WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MH Telecom LLC 62129

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
							
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Accounting Perio	unting Period: 2019/1 FORM SA1-2E. PAGE 5. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Name	MH Telecom LLC	CABLE SYS	IEM:					SYSTEM ID# 62129
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	fy every nor ccounting pe ing that mus	nnetwork televis eriod, under spe st be included in	sion program, broadcast be ecific present and former F this log, see page (v) of t	y a <i>distant</i> sta CC rules, regu	ılations, or aı	uthorizations.	For a further
Special Statement and Program Log	During the accounting per broadcast by a distant star	tion?			-		YES	NO
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 "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								tion n. nth ly
		I IBSTITI IT	E PROGRAM			EN SUBST		7. REASON FOR
	TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES TO	DELETION
							<u>-</u>	

ccounting Period:	·			FORM	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MH Telecom LLC				SYSTEM ID
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscrib (as identified in space E) during the accounting period. For a furth page (vii) of the general instructions located in the paper SA1-2 fo Gross receipts from subscribers for secondary transmission s during the accounting period. IMPORTANT: You must complete a statement in space P concern	pers for the syster explanation rm. service(s)	tem's secondary tr of how to compute	ransmission ser e this amount, s	vice
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 Use block 2 if the amount of gross receipts in space K is more that		t less than or equa		
	 Use block 3 if the amount of gross receipts in space K is more tha See page (vi) of the general instructions located in the paper SA1-2 for 			00	
	BLOCK 1: GROSS RECEIPT	S OF \$137,10	00 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less accounting period is \$52.00	s, the royalty fee	e that you must pay	for this six-mon	th
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page				0.00
	Line 2. Interest charge. Enter the amount normine 4, space Q, page	0		··	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER				
	BLOCK 2: GROSS RECEIPTS OF \$263,8 1. Base amount under statutory formula	,		, ,	
	Enter amount of gross receipts from space K		·		
	Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K)
	5. Enter the amount from line 3			29,073.00	_
	6. Subtract line 5 from line 4			205,654.00	<u> </u>
	7. Multiply line 6 by .005 (enter figure here)			\$	1,028.27
	8. Interest charge. Enter the amount from line 4, space Q, page 8			<u></u> \$	5.07
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.	Add lines 7 and	18	\$	1,033.34
	BLOCK 3: GROSS RECEIPTS OF MORE T	THAN \$263,80	0 (but less than \$	5527,600)	
	Enter the amount of gross receipts from space K	<u> </u>			
	Base amount under statutory formula	\$	263,800.	00	
	3. Subtract line 2 from line 1	· · · · · · · · · · · · · · · · · · ·			
	4. Multiply line 3 by .01		· · · · · · · · <u> </u>		_
	5. Royalty due on the first \$263,800 of gross receipts (under statutory	formula)	<u>\$</u>	1,319.00	<u>) </u>
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	<u> </u>
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.	Add lines 4, 5,	and 6	· · · · <u> </u>	
	FILING FEE AND TOTAL REMITT	ANCE DUE			
Filing Fee and					
Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, a	above)	<u>\$</u>	1,033.34	<u> </u>
Due	2. Filing Fee (See the instructions for more information on filing fee ca	alculations)	\$	20.00	<u> </u>
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	2 and 3		\$	1,053.34
	Important: Your remittance must be in the form of an elec	tronic paymen	t payable to the R	egister of Copy	rights!
	See page i of the general instructions in the	paper SA1-2 fo	orm for more infor	mation.	

Accounting Period:	2019/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW MH Telecom LLC	WNER OF CABLE SYSTEM:			SYSTEM ID# 62129
M Channels	1. Enter the total n system carried te 2. Enter the total n on which the cab	and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels le system carried television b	otal numb the cable s broadcas		240
N Individual to Be Contacted		BE CONTACTED IF FURTHI out this statement of account		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	John Dunbar		Telephone	608-930-4710
	(200 E Main St Number, street, rural route, apartn Mt Horeb WI 53572	ment, or sui	te number)	
	Email	(City, town, state, zip)	nhtcinc.co	om Fax (optional)	
	CERTIFICATION (T	his statement of account mu	ust be cer	tified and signed in accordance with Copyright Office regulations)	
O Certification	(Agent o in lin X (Officer in lin • I have examined th	of owner other than corporate 1 of space B and that the over or partner) I am an officer (if the 1 of space B. The statement of account and hand correct to the best of my key and the space	tion or pa wner is no	y one, of the boxes.) p) I am the owner of the cable system as identified in line 1 of space B rtnership) I am the duly authorized agent of the owner of the cable system as corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as own clare under penalty of law that all statements of fact contained herein e, information, and belief, and are made in good faith.	ystem as identified
				/s/ John Van Ooyen electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		(Title of of	CEO	John Van Ooyen on held in corporation or partnership)	
		Date:		January 27, 2020	

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ounting Period	J: 2019/1	FORM SA1-2E. PAGE 8
AL NAME OF O	WNER OF CABLE SYSTEM:	SYSTEM ID#
Telecom L	LC	62129
The Satellite lowing sente "In de service	STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folence: etermining the total number of subscribers and the gross amounts paid to the cable system for the basic ce of providing secondary transmissions of primary broadcast transmitters, the system shall not include subers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
	formation on when to exclude these amounts, see the note on page (vii) of the general instructions e paper SA1-2 form.	Receipts Exclusion
	accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions tellite carriers to satellite dish owners?	
X NO		
YES. En	nter the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	T ASSESSMENT	
	omplete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. anation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Ente	er the amount of late payment or underpayment	Interest Assessment
Line 2 Multi	tiply line 1 by the interest rate* and enter the sum here	
	x 180 days	
Line 3 Multi	tiply line 2 by the number of days late and enter the sum here	
	tiply line 3 by 0.00274** and enter here sace L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	v the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please at the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is	s the decimal equivalent of 1/365, which is the interest assessment for one day late.	
•	u are filing this worksheet covering a statement of account already submitted to the Copyright Office, please e owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	MH Telecom LLC dba MHTC 200 E Main St Mount Horse WI 53572	
ID number	Mount Horeb WI 53572 62129	
First commu	ınity served Mount Horeb	
Accounting p	period 2019-1	

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