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					
02/27/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20192 Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
	Lateration.							
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							
	Black Earth Telephone Company, LLC							
	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, zp)							
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:							
	TDS Telecom, Inc.							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(Number, Sueet, ruran 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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Black Earth Telephone Company, LLC	6343
	Instructions: List each separate community served by the cable system. A "commun	ity" is the same as a "community unit" as defined in FCC rules
D	"a separate and distinct community or municipal entity (including unincorporated confidence unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you leas 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	ist will serve as a form of system identification hereafter know
Area		nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Black Earth	WI
Community		
Rows as Necessary		

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Black Earth Telephone Company, LLC

SYSTEM ID# 63439

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		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	230	\$20/mo			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential	230	\$8/Mo.			
Non-residential					
l	1		I .	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 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$14-\$19.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$49.95		
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$0-\$49.95	Burglar protection			
Additional set(s)	\$0-\$49.95	Other services:			
 FM radio (if separate rate) 		Reconnect	\$0-\$25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63439

Black Earth Telephone Company, LLC

G

Primary Transmitters: Television

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-DT2	27.2	N-M	Madison, WI
WKOW-DT3	27.3	N-M	Madison, WI
WKOW-DT4	27.4	N-M	Madison, WI
WKOW-DT5	27.5	N-M	Madison, WI
WISC	3.1	N	Madison, WI
WISC-DT2	3.2	N-M	Madison, WI
WMSN	47.1	N	Madison, WI
WMSN-DT2	47.2	N-M	Madison, WI
WMSN-DT3	47.3	N-M	Madison, WI
WMSN-DT4	47.4	N-M	Madison, WI
WMTV	15.1	N	Madison, WI
WMTV-DT2	15.2	N-M	Madison, WI
WMTV-DT3	15.3	N-M	Madison, WI
WMTV-DT4	15.4	N-M	Madison, WI
WHA	21.1	E	Madison, WI
WHA-DT2	21.2	E-M	Madison, WI
WHA-DT3	21.3	E-M	Madison, WI
WHA-DT4	21.4	E-M	Madison, WI
WIFS	57.1	l	Janesville, WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Black Earth Telephone Company, LLC

63439

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							
21							
						ļ	

Accounting Perio	nd: 2019/2						FOR	M SA1-2E. PAGE 5	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#	
Name	Black Earth Telephone	e Compar	ny, LLC					63439	
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn	tify every no accounting p ning that mu	nnetwork televi eriod, under sp est be included i	sion program, broadcast by ecific present and former F n this log, see page (v) of t	y a <i>distant</i> sta FCC rules, reg	ulations,	or authorizatio	ns. For a further	
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant sta						YES	X NO	
	Note: If your answer is "No log in block 2.	o", leave the	rest of this pa	ge blank. If your answer i	s "Yes," you ı	must com	plete the pro	gram	
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broothe case of Mexican or Cal Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ace, please of every not distant stategulations, or ries like "mo Bulls." m was broasign of the addcast statinadian statinath and day ve "5/7." es when the Example: "R" if the and regulatinning that	add additional onnetwork televition and that your authorization ovies" or "baskid deast live, enterstation broadcon's location (toons, if any, the when your system of the substitute program carrelisted program carrelisted program ions in effect d	rows to the tables. vision program ("substitute our cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter asting the substitute program community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:00 m was substituted for programing the accounting periods.	e program") ti ted for the program instruct am titles, for e "No." ram. he station is lid e program. Uniter table syste 1:15 p.m. to 6 pramming that bod; enter the light	hat, durin ogrammir cions for for example, censed by lentified). se numer m. List th 6:28:30 p. t your sys letter "P"	g the accounting of another urther informa "I Love Lucy" by the FCC or, rals, with the retimes accur m. should be stem was requifithe listed pr	ting station tion. or in month ately	
	effect on October 19, 1976.						WHEN SUBSTITUTE		
	S	UBSTITUT	E PROGRAM		CARRIAGE OCCURRED			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. FROM	TIMES TO	DELETION	
	N/A								
							_		
									

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Black Earth Telephone Company, LLC	SY	STEM ID# 63439
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,001.38
	THE CHART For most complete a statement in opacie a concerning gross receipts.	(Amount of gro	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 \$100.00 but less than 0 but less than 0 but less than 0 but less than 0 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	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 the accounting period is \$52.00	his 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)	00)	-
	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		
	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)	
	4 Fatarita annual di managarita famanana M		
	1. Enter the amount of gross receipts from space K		
	2. Base 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 statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	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)	52.00	
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	, , <u>, , , , , , , , , , , , , , , , , </u>		
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	: 2019/2	FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Black Earth Telephone Company, LLC	SYSTEM ID# 63439					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the						
Chaineis	Enter the total number of channels on which the cable system carried television broadcast stations	20					
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	382					
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an we can contact about this statement of account.)	individual to whom					
for Further Information	Name Stephanie Weber	Telephone (608) 664-4721					
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53717 (City, town, state, zip)						
	Email finance@tdstelecom.com	Fax (optional)					
	CERTIFICATION (This statement of account must be certified and signed in accordance with	n Copyright Office regulations)					
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized in line 1 of space B and that the owner is not a corporation or partnership; or	agent of the owner of the cable system as identified					
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) or in line 1 of space B.	of the legal entity identified as owner of the cable system					
	I have examined the statement of account and hereby declare under penalty of law that all state are true, complete, and correct to the best of my knowledge, information, and belief, and are m. [18 U.S.C., Section 1001(1986)]						
	X /s/ Sharon V. Tisdale						
	Enter an electronic signature on the line above t Enter signature using an "/s/ signature" (e.g., /s						
	Typed or printed name: Sharon V. Tisdale						
	Title: Assistant Treasurer (Title of official position held in corporation or partnership)						
	Date:	24 February 2020					

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ccounting Period: 2019/2		FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
ack Earth Telephone Company, LLC		63439
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXC The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), or lowing sentence: "In determining the total number of subscribers and the gross amounts passervice of providing secondary transmissions of primary broadcast transmiscribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmiscribers and amounts collected from subscribers receiving secondary transmiscribers and amounts collected from subscribers receiving secondary transmiscribers and amounts of progressions and the gross amounts, see the note on page of located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of grossmade by satellite carriers to satellite dish owners? X NO	of the Copyright Act by adding the fol- aid to the cable system for the basic mitters, the system shall not include sub- nsmissions pursuant to section 119." (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	\$	
Name Mailing Address Mailing Address	S	
INTEREST ASSESSMENT		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a reserver an explanation of interest assessment, see page (viii) of the general instruction		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 1 Lines the amount of face payment of underpayment		
	x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
1: 4 M II: I I 0 1 0 00074*	X 0.00274	
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	s -	
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interes contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov	•	
** This is the decimal equivalent of 1/365, which is the interest assessment for	or one day late.	
NOTE: If you are filing this worksheet covering a statement of account already so list below the owner, address, first community served, ID number, and accounting		
Owner		
Address		
ID number		
First community served Accounting period		

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