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				
	\$				
02/24/2020	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

A	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		
	landam addings.	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corp of the subsidiary, not that of the parent corporation.	oration, give the full corporate title
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 lestatement of account and royalty fee payment covering the entire accounting period.	counting period should submit a
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licen	sing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	UTELCO, 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, zip)	
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business ames already appear in space B. In line 2, give the mailing address of the system, if different contents of the system is different to the contents of the system.	
System	IDENTIFICATION OF CABLE SYSTEM:	
	TDS Telecom, Inc.	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number).	
	(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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	UTELCO, LLC	63440
	Instructions: List each separate community served by the cable system. A "community	ty" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete 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.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	st will serve as a form of system identification hereafter known
Area	identified city.	one parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Monroe	WI
Community		
Add Rows as Necessary		» (««««««««««««««««««««««««««««««««««««
,		» (««««««««««««««««««««««««««««««««««««
		» (««««««««««««««««««««««««««««««««««««

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63440

## E

UTELCO, LLC

### 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.

BLO	OCK 1		BLOCK	<b>(</b> 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,203	\$20/mo			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	6	\$55.54/mo			
Converter					
Residential	1,203	\$8/Mo.			
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	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$14-19.99	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

63440

Name

UTELCO, 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-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	<u> </u>	Janesville, WI

Accounting Period: 2019/2	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

UTELCO, LLC 63440

#### 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							
WA.	<b></b>						
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ccounting Perio	nd. 2010/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				PORI	SYSTEM ID#
Name	UTELCO, LLC							63440
Substitute Carriage: Special statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn  1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta  Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title 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 brot the case of Mexican or Car Column 5: Give the mot first. Example: for May 7 give	E: SPECIA ify every no accounting pring that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no adistant sta gulations, or ies like "mo Bulls." m was broa sign of the adcast stati hadday ve "5/7."	AL STATEME  nnetwork televieriod, under sp st be included  RNING SUBS  ur cable system  e rest of this pa  AMS  am on a separ add additional connetwork televition and that y or authorization ovies" or "bask  dcast live, entity station broadd on's location (toons, if any, the or when your sy	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE of carry, on a substitute based of the program of the transfer of the transfer of the general program ("substitute our cable system substitute program of the community to which the program of the community to which the substitute program of the s	y a distant star CC rules, reg he general ins asis, any nonr s "Yes," you r s wherever p e program") t ted for the program instruct am titles, for a "No." ram. e station is lice station is ide program. U	network te must com ossible, if hat, during ogrammin tions for fu example, '	relevision progression progres	stem carried on a ns. For a further SA1-2 form.  Tram  X  NO  gram  g is  ting station ation. or  in  month
	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 prograr effect on October 19, 1976	er "R" if the and regulat nming that	listed prograr ions in effect d	m was substituted for prog during the accounting perio	ramming that od; enter the l der FCC rules	t your sys letter "P" i	tem was <i>requ</i> if the listed pr ulations in	
	s	UBSTITUT	E PROGRAM	1			CURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S CALL SIGN		5. MONTH AND DAY	6.	TIMES TO	DELETION
	N/A	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM		
	137.5							
							_	
							_	
							_	"
								"
								"
								"

Accounting Period:	2019/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: UTELCO, LLC			:	63440
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's s ition of how	secondary trans to compute this	mission servi	
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 \$137,10  Use block 3 if the amount of gross receipts in space K is more than \$263,80  See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less the of the contraction of the contractio	han \$527,60( ı.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13 Instructions: As a cable system with gross receipts of \$137,100 or less, the royall			his six-month	
	accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	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 \$26:	3,800 (but	less than \$527	600)	
	Enter the amount of gross receipts from space K	. \$	273,292.15		
	Base amount under statutory formula	\$	263,800.00	•	
	3. Subtract line 2 from line 1	\$	9,492.15		
	4. Multiply line 3 by .01		\$	94.92	
	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 .		\$	1,413.92
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,413.92	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,433.92
	EFT Trace # or TRANSACTION ID #				
	<u>Important:</u> Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:			SYSTEM ID# 63440
M Channels	to its subscribers  1. Enter the total	s, and (2) the cable system's total number of channels on which to	channels on which the cable system carried al number of activated channels during the the cable	accounting period.	20
	on which the ca	number of activated channels able system carried television br ast services	roadcast stations		382
N Individual to Be Contacted		BE CONTACTED IF FURTHEI about this statement of account.	R INFORMATION IS NEEDED (Identify an )	individual to whom	
for Further Information	Name	Stephanie Weber		Telephone (608)	664-4721
	Address	525 Junction Rd (Number, street, rural route, apartme Madison, WI 53717 (City, town, state, zip)	ent, or suite number)		
	Email	finance@tdstelec	com.com	Fax (optional)	
0	CERTIFICATION	(This statement of account mus	st be certified and signed in accordance wit	h Copyright Office regulations)	
Certification	• I, the undersigned	ed, hereby certify that (Check one	e, but only one, of the boxes.)		
	(Owne	r other than corporation or par	rtnership) I am the owner of the cable syste	m as identified in line 1 of space B; or	
			ion or partnership) I am the duly authorized oner is not a corporation or partnership; or	agent of the owner of the cable system a	is identified
		er or partner) I am an officer (if a line 1 of space B.	a corporation) or a partner (if a partnership)	of the legal entity identified as owner of th	e cable system
		e, and correct to the best of my k	ereby declare under penalty of law that all st knowledge, information, and belief, and are n		
			X /s/ Sharon V. Tisdale		
			Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., /	•	
		Typed or printed r	name: Sharon V. Tisdale		
		· · ·	Assistant Treasurer		
		Date:		24 February 2020	

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counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TELCO, LLC	63440
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.  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.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTERPRET ACCECUMENT	
INTEREST ASSESSMENT	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
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	
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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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