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 COPYRIGH	T 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>
General instructions are located in the first tab of this workbook	02/24/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
2013/2	BY THIS STATEMENT: (YY) Period 1 = January 1 - June 30 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31]

		20192 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		The State Long Distance 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, zip)
	INCTO	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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	1	IDENTIFICATION OF CABLE SYSTEM:
		TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Humo	The State Long Distance Telephone Company, LLC	6357
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know filings.
Area Served	identified city.	r mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Elkhorn	WI
Community		
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				FORM SA1	
Name	The State Long Distanc			y, LLC				6357
E	SECONDARY TRANSMISSION In General: The information in s				ary transmission	service of	the cable	
	system, that is, the retransmission			-	•			
Secondary	about other services (including p	, , ,				those exis	ting on the	
Transmission	last day of the accounting period	`			,	hla avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•				,		
Rates	each category by counting the n		•		•			
	separately for the particular serv	vice at the rate	indicated—no	t the number of se	ets receiving serv	vice).	Ū.	
	Rate: Give the standard rate of	-					-	
	unit in which it is generally billed category, but do not include disc				ard rate variation	s within a	particular rate	
	Block 1: In the left-hand block		•		condary transmis	ssion servi	ce that cable	
	systems most commonly provide	•		-	•			
	that applies to your system. Not	t e: Where an in	dividual or or	ganization is recei	iving service that	falls unde	r different	
	categories, that person or entity							
	subscriber who pays extra for ca first set" and would be counted of					ider "Serv	ce to the	
	Block 2: If your cable system					different	from those	
	printed in block 1 (for example, t	tiers of services	s that include	one or more seco	ndary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-hand b	lock. A two- or thr	ee-word descript	ion of the	service is	
	sufficient.	OCK 1				BLOCK	()	
		NO. OF				BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS R/	ATE CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		383 \$	20/mo				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter		202	bo.m.a.				
	Residential		383	68/Mo.				
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	S: RATES				
F	In General: Space F calls for ra	te (not subscril	per) informatio	on with respect to	all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t				,	,		
Services	service for a single fee. There and furnished at cost or (2) services	•		•		0 (,	
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the	rate column.	-	-	-		0	
ransmissions:	Block 1: Give the standard rat							
		t your cable sy						
Rates	Block 2: List any services that		ie was made i	hr established. Lis	st these other ser	vices in th		
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charg	•		st these other ser	vices in th	e lonn of a	
	listed in block 1 and for which a	separate chargetion and inclue	de the rate for		st these other ser	vices in th		
	listed in block 1 and for which a	separate charg	de the rate for CK 1		t these other ser		BLOCK 2 DRY OF SERVICE	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and inclue BLOO RATE	de the rate for CK 1 CATEGORY	each.			BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg ption and inclue BLOO RATE	de the rate for CK 1 CATEGORY	each. OF SERVICE Non-residential			BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg ption and includ BLO(RATE	de the rate for CK 1 CATEGORY Installation:	each. OF SERVICE Non-residential tel			BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg ption and includ BLO(RATE	de the rate for CK 1 CATEGORY Installation: • Motel, ho	each. OF SERVICE Non-residential tel	RATE		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg ption and includ BLO(RATE	de the rate for CK 1 CATEGORY Installation: • Motel, ho • Commerc • Pay cable	each. OF SERVICE Non-residential tel	RATE		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg ption and includ BLO(RATE	de the rate for CK 1 CATEGORY Installation: • Motel, ho • Commerc • Pay cable	each. OF SERVICE Non-residential tel cial e-add'l channel	RATE		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	separate charg ption and includ BLO(RATE	de the rate for CK 1 CATEGORY Installation: • Motel, ho • Commerc • Pay cable • Pay cable	each. OF SERVICE Non-residential tel cial e-add'l channel ction	RATE		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charg ption and inclue BLO RATE \$14-\$19.99 \$0-\$49.95	de the rate for CK 1 CATEGORY Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote	each. OF SERVICE Non-residential tel tial e-add'l channel ction rotection	RATE		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	separate charg ption and inclue BLO RATE \$14-\$19.99 \$0-\$49.95	de the rate for CK 1 CATEGORY Installation: • Motel, ho • Commerc • Pay cable • Pay cable • Fire prote • Burglar p	each. OF SERVICE Non-residential tel tel e-add'l channel ction rotection es:	RATE		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg ption and inclue BLO RATE \$14-\$19.99 \$0-\$49.95	de the rate for CK 1 CATEGORY Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote • Burglar p Other service	each. OF SERVICE Non-residential tel tel e-add'l channel ction rotection es: ct	RATE \$0 - \$49.95		BLOCK 2	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	separate charg ption and inclue BLO RATE \$14-\$19.99 \$0-\$49.95	de the rate for CK 1 CATEGORY Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote • Burglar p Other servic • Reconne	each. OF SERVICE Non-residential tel cial e-add'l channel ction rotection es: ct ct	RATE \$0 - \$49.95		BLOCK 2	RA1

Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTE
Name	The State Long Dist	ance Telephone Company, LLC		
	PRIMARY TRANSMITTERS	: TELEVISION		
G Primary ansmitters: Felevision	carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Statior	dentify every television station (including tr em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. us: With respect to any distant stations car	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st	t-time basis under grams [sections tations carried on a
	• Do not list the station he station was carried only of	rules, regulations, or authorizations: ere in space G—but do list it in space I (the on a substitute basis. d also in space I, if the station was carried		
	basis. For further information Column 1: List each stati	ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	see page (v) of the general instructors and the general instructors such as HBO, ES	ctions. SPN, etc. Identify each
	"WETA-2" as the same or Column 2: Give the chan of license. For example, "	n the form. nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C.	ision station for broadcasting ove	er the air in its community
	educational station, by en (for independent multicas For the meaning of these Column 4: Give the locat	ch case whether the station is a network st tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WISN	12.1	N	Milwaukee, WI
	WISN-DT2	12.2	N-M	Milwaukee, WI
lows as Necessary	WDJT	58.1	N	Milwaukee, WI
,	WBME-CD	58.2	N-M	Milwaukee, WI
	WDJT-DT3	58.3	N-M	Milwaukee, WI
	WDJT-DT4	58.4	N-M	Milwaukee, WI
	WITI	6.1	N	Milwaukee, WI
	WTMJ	4.1	N	Milwaukee, WI
	WTMJ-DT2	4.2		
			N_M	Milwaukee WI
			N-M	Milwaukee, WI
	WTMJ-DT3	4.3	N-M	Milwaukee, WI
	WTMJ-DT3 WMLW	4.3 49.1	N-M I	Milwaukee, WI Racine, WI
	WTMJ-DT3 WMLW WMLW-DT2	4.3 49.1 49.2	N-M I I-M	Milwaukee, WI Racine, WI Racine, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV	4.3 49.1 49.2 18.1	N-M I I-M I	Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2	4.3 49.1 49.2 18.1 18.2	N-M I I-M I I-M	Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT2 WVTV-DT3	4.3 49.1 49.2 18.1 18.2 18.3	N-M I I-M I	Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WYTU	4.3 49.1 49.2 18.1 18.2 18.3 63.1	N-M I I-M I I-M I-M I	Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT2 WVTV-DT3 WYTU WYTU-DT2	4.3 49.1 49.2 18.1 18.2 18.3 63.1 63.2	N-M I I-M I I-M I-M I I I I I I I I I I I I I	Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WYTU WYTU-DT2 WYTU-DT2	4.3 49.1 49.2 18.1 18.2 18.3 63.1 63.2 63.3	N-M 1 1-M 1 1-M 1-M 1-M 1 1-M 1-M	Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WYTU WYTU-DT2 WYTU-DT3 WYTU-DT3 WPXE	4.3 49.1 49.2 18.1 18.2 18.3 63.1 63.2 63.3 55.1	N-M I I-M I-M I-M I I I I I I I I I I I I I	Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Kenosha, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WYTU WYTU-DT2 WYTU-DT2 WYTU-DT3 WPXE WMVS	4.3 49.1 49.2 18.1 18.2 18.3 63.1 63.2 63.3 55.1 10.1	N-M 1 1-M 1 1-M 1-M 1 1 1-M 1 1-M 1 1 E	Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Kenosha, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WYTU WYTU-DT3 WYTU-DT3 WYTU-DT3 WPXE WMVS WMVS-DT2	4.3 49.1 49.2 18.1 18.2 18.3 63.1 63.2 63.3 55.1 10.1 10.2	N-M I I-M I I-M I I I I I E E-M	Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Kenosha, WI Milwaukee, WI
	WTMJ-DT3 WMLW WMLW-DT2 WVTV WVTV-DT2 WVTV-DT3 WYTU WYTU-DT2 WYTU-DT2 WYTU-DT3 WPXE WMVS	4.3 49.1 49.2 18.1 18.2 18.3 63.1 63.2 63.3 55.1 10.1	N-M 1 1-M 1 1-M 1-M 1 1 1-M 1 1-M 1 1 E	Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Kenosha, WI Milwaukee, WI

counting Period:	2019/2			FORM SA1-2E. PAGE		
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II		
Name	The State Long Distar	nce Telephone Company, LLC	;	6357		
	PRIMARY TRANSMITTERS:	TELEVISION				
G	carried by your cable system	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program	ne basis under		
Primary			61(e)(2) and (4))]; and (2) certain static	ons carried on a		
Transmitters: Television	Substitute Basis Stations:	explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations:	carried by your cable system on a subs	titute program		
	• Do not list the station here station was carried only on	in space G—but do list it in space I (a substitute basis.	the Special Statement and Program Lo	<i>o,</i>		
		1 /	ed both on a substitute basis and also			
		0	s, see page (v) of the general instructio program services such as HBO, ESPN			
		· · ·	le-air designation. For example, report			
	"WETA-2" as the same on the	•	.			
		5	evision station for broadcasting over th	e 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 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.					
			at the community to which the station is			
	FCC. For Mexican or Canac	lian stations, if any, give the name of	the community with which the station is	s identified.		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	WIWN	68		Milwaukee, WI		
		00		WIIIWAUKEE, WI		

NHARY TRANSITTER: RADIO In one separate and discrete basis and list those FM stations carried on an iband basis whose signals were appeared y tecevisate in the basis of monitoring. The acrings: Under Copyright Office regulations, and FM signal is generally elevable in the basis of monitoring, to be received at the yaternes' FM antenna, during certain stated intervations or the bipoint, see page (V) of the general instructions in the copyright Office regulations on this point, see page (V) of the general instructions in the copyright Office regulations on this point, see page (V) of the general instructions in the copyright Office regulations on this point, see page (V) of the general instructions in the copyright Office regulations on this point, see page (V) of the general instructions in the copyright Office regulations on this point, see page (V) of the general instructions in the copyright Office regulations on this point, see page (V) of the general instructions in the copyright Office regulations on this point, see page (V) of the general instructions in the copyright Office regulations on this point, see page (V) of the general instructions in the station is discrete by the FCC or, in the case of the core or clanadian stations, if any, the community with which the station is identified. CNLIN SIGN M or PM SD LOCATION OF STATION CALL SIGN M or PM SD LOCATION OF STATION VA M or PM SD LOCATION OF STATION CALL SIGN M or PM SD LOCATION OF STATION VA M or PM SD LOCATION OF STATION CALL SIGN M or PM SD LOCATION OF STATION V	EGAL NAME OF			phone Company, LLC					SYSTEM 63
eceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Transmitter in the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. Transmitter For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Radio Store detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. 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 ignal, 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 AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION	n General: List	every radio s	station ca	arried on a separate and discre					н
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION	eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the Co sign of o the static ion's sign g a chech n's locati	tem whenever it is received at ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Transmitters
			-			·	S/D	LOCATION OF STATION	
		AIMOTTIM	0,0		UALL DIGIN		0/0		
	I/A								
Image: section of the section of th									
Image: Sector									
Image: section of the section of th									
Image: section of the section of th									
Image: series of the series									
Image: second									
Image: Section of the section of th									
Image: section of the section of th									
Normal SectorNormal Secto									
Image: Section of the section of th									
Image: Second									
Image: section of the section of th									
Image: series of the series									
Image: series of the series									
Image: Second								·	
Image: series of the series									
Image: Second									
Image: Second									
Image: series of the series									
Image: Section of the section of th									
Image: Second									
Image: Second									
Image: Second									
								·	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	The State Long Distan	ice Telepl	hone Comp	any, LLC				63573
	SUBSTITUTE CARRIAG	E: SPECIA			G			
	In General: In space I, ident	-	-			tion that v	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syste	n carry, on a substitute ba	sis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	×NO
	Note: If your answer is "No	" loovo tho	rost of this pr	ao blank. If your answor i	"Voc " vou	must comp		
	-	, leave life	rest of this pa	ige blank. If your answer is	s res, your	must comp	iele lle prof	Jian
	log in block 2. 2. LOG OF SUBSTITUT		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible. if t	heir meanin	a is
	clear. If you need more spa				· · · · · · · · · · · · · · · ·	,		5
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.				,,	, -	,	
				er "Yes." Otherwise enter '				
				asting the substitute prog			# - FOO	·
	the case of Mexican or Car			the community to which the community with which the			the FCC or,	In
				stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi							
	Column 6: State the tim to the nearest five minutes			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car	neu by a system nom 0.01	. 15 p.m. to t	5.20.30 p.n		
		ter "R" if the	listed program	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete unc	ler FCC rules	s and regul	ations in	
		•						•
					WHE	N SUBST	ITUTE	
	S		E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
	N/A						_	
							_	
							_	
							_	
							_	
							_	
							_	
							—	
							-	
							_	
							_	
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	The State Long Distance Telephone Company, LLC		63573
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	nission service amount, se	,389.95
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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 th accounting period is \$52.00	is 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 \$137,10	0)	
	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
			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 \$527,6	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of 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		OWNER OF CABLE SYSTEM: ng Distance Telephone Company, LLC	SYSTEM ID# 63573
M Channels	 to its subscribe Enter the tot: system carrie Enter the tot: on which the other system carries 	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	25 383
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Stephanie Weber Telephone (60	08) 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)	
O Certification	I, the undersig (Owr (Age ir X (Offi ir · I have examine are true, complet	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system inice 1 of space B and that the owner is not a corporation or partnership; or incer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] $\underbrace{X /s/ Sharon V. Tisdale}_{inter an electronic signature on the line above to certify this statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)$	em as identified
		Typed or printed name: Sharon V. Tisdale Title: Assistant Treasurer (Title of official position held in corporation or partnership) Date: 24 February 2020	

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

State Long Distance Telephone Company, LLC 63 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: Im determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." P 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. Secondary transmissions Secondary transmissions Secondary transmissions Secondary transmissions Mo YES. Enter the total here and list the satellite carrier(s) below. \$ Secondary transmissions Secondary transmissions Name Maling Address Maling Address Maling Address Maling Address Secondary transmissions located in the paper SA1-2 form. Q	unting Period: 2019/2	FORM SA1-2E. PAG
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statilite frome Viewer Act of 1998 amended Tite 17, section 111(ght](A), of the Copyright Act by adding the fol- lowing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and anomets collected from subscribers receiving secondary transmissions pursuant to section 119: Tor more information on when to exclude these amounts, see the note on page (wii) of the general instructions located in the paper SA1-2 form. Including actioncy of the satellite carrier(s) below. No Yes. For more information on when to exclude these amounts, see the note on page (wii) of the general instructions located in the paper SA1-2 form. No Yes. For the total here and list the satellite carrier(s) below. No Yes. For the total here and list the satellite carrier(s) below. No Yes. For the total here and list the satellite carrier(s) below. No Yes. For the total here and list the satellite carrier(s) below. No Yes. For the statement of accounting period, and the gaps and t	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
The Salellie 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 optimary broadcast transmitters, the system shall not include sub- content information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. The The total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the total here and list the satellite carrier(s) below. The Tess Enter the amount of late payment or underpayment. The an explanation of Interest Tassessentent, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment is under the sum here. The and the interest rate that click on www.copyright govilcensing/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 1355, which is the interest assessment for one day late. Nore: House the interest rate chart click on www.copyright.govilcensin	State Long Distance Telephone Company, LLC	635
Name Name Maing Address Maing Address Maing Address 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. Interest Assess Line 1 Enter the amount of late payment or underpayment. x	 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? 	P Special Statemer Concerning Gros Receipts Exclusio
Mailing Address Mailing Address Mailing Address 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. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment . x	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment or un		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment or un		
Line 1 Enter the aniodition of the payment of underpayment	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 3 Multiply line 2 by the number of days late and enter the sum here	×	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
(interest charge) * 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	x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	Line 3 Multiply line 2 by the number of days late and enter the sum here	
Address ID number	x	
Address ID number	x	
	x	
	x	
First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here	
Accounting period	x	

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