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

| STATEM | FNT | OF ACCOUNT | FOR COPYRIG | HT OFFICE USE ONLY | Return completed workbook by email to: |
|----------------------|-------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| | | ansmissions by | DATE RECEIVED | AMOUNT | - |
| Cable Syste | ems (S | Short Form) are located | 7/22/2020 | \$ | <u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| in the first tab | of this | workbook | 112212020 | ALLOCATION NUMBER | |
| A | ACC | | BY THIS STATEMENT: (Y) | /YY/(Period)) | |
| | | 2020/1 | Period 1 = January 1 - June 30 Barcode Data Filing Period (optional | Period 2 = July 1 - December 31 | |
| Accounting Period | | | Barcoue Data Filing Feriou (optional | - see instructions) | |
| В | | Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co | | diary of another corporation, give the full cor | porate title |
| Owner | | List any other name or names under which | the owner conducts the business of t | ne cable system. | |
| | | If there were different owners during the a single statement of account and royalty fe | | he last day of the accounting period should so ing period. | ubmit a |
| | | Check here if this is the system's first filing | . If not, enter the system's ID number | assigned by the Licensing Division. | 3961 |
| | | LEGAL NAME OF OWNER/MAILING | ADDRESS OF CABLE SYSTEM | | |
| | | MADISON COMMUNICATIONS INC | | | |
| | - | BUSINESS NAME(S) OF OWNER OF | CABLE SYSTEM (IF DIFFERENT |) | |
| | | | | | |
| | - | MAILING ADDRESS OF OWNER OF | CABLE SYSTEM | | |
| | | P O BOX 29 | | | |
| | | (Number, street, rural route, apartment, or suite nu STAUNTON IL 62088-0029 (City, town, state, zip) | | | |
| С | | | | tify the business and operation of the e system, if different from the address | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | | | |
| | | MAILING ADDRESS OF CABLE SYSTEM | : | | |
| | 2 | (Number, street, rural route, apartment, or suite n | umber) | | |
| | | (City, town, state, zip code) | | | |
| Debuger Anthly 1 | 0 | | | e never en lles identificiens information (DP) | ated on this |
| Privacy Act Notic | :e: Section | n 111 of title 17 of the United States Code au | norizes the Copyright Offce to collect the | e personally identifying information (PII) reque | stea 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.

| | | FORM SA1-2E. PAG |
|----------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Name | | |
| | MADISON COMMUNICATIONS INC | 39 |
| | Instructions: List each separate community served by the cable system. A "commun | |
| D | "a separate and distinct community or municipal entity (including unincorporated co | |
| 0 | discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I | ist will serve as a form of system identification hereafter kno |
| | as the "first community." Please use it as the first community on all future filings. | |
| A | Note: Entities and properties such as hotels, apartments, condominiums, or mobile | home parks should be reported in parentheses below the |
| Area | identified city. | |
| Served | | |
| | | |
| | | |
| | CITY OR TOWN | STATE |
| First | STAUNTON | IL |
| Community | LIVINGSTON | IL IL |
| | SAWYERVILLE | IL |
| dd Rows as Necessary | MT CLARE | IL |
| ad nows as necessary | MT OLIVE | |
| | | L |
| | WILLIAMSON | IL IL |
| | BENLD | IL |
| | HAMEL | IL |
| | HOLIDAY SHORES | IL |
| | NEW DOUGLAS | |
| | | IL. |
| | SHIPMAN | IL |
| | BUNKER HILL | IL |
| | WORDEN | IL |
| | ALHAMBRA | |
| | | |
| | WILSONVILLE | IL . |
| | WHITE CITY | IL IL |
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|------------------------|-------------------------------------------------------------------------------------------|---------------------|-------------------------------------|----------------|--------------------|-----------------|-----------------------|--------|
| Name | LEGAL NAME OF OWNER OF C | | | | | | 515 | 396 |
| | | | | | | | | |
| Е | SECONDARY TRANSMISSION | | | | | | | |
| E | In General: The information in s | | - | | • | | | |
| Secondary | system, that is, the retransmission about other services (including provide the services) | | | | • | | | |
| Transmission | last day of the accounting period | | | | | | g on the | |
| Service: Sub- | Number of Subscribers: Bot | | | | | ble system, b | oroken | |
| scribers and | down by categories of secondar | • | - | • | • | | | |
| Rates | each category by counting the n | | | | | | harged | |
| | separately for the particular server Rate: Give the standard rate of | | | | | | and the | |
| | unit in which it is generally billed | - | | | | - | | |
| | category, but do not include disc | · · | , | - | | | | |
| | Block 1: In the left-hand block | | | - | - | | | |
| | systems most commonly provide | | | | | | 0, | |
| | that applies to your system. Not categories, that person or entity | | - | | - | | | |
| | subscriber who pays extra for ca | | | | | • | | |
| | first set" and would be counted of | | | | | | | |
| | Block 2: If your cable system | has rate catego | ories for secondary | transmissior | n service that are | e different fro | m those | |
| | printed in block 1 (for example, t | | | | , | | , 0 | |
| | with the number of subscribers a sufficient. | and rates, in the | e right-hand block. | A two- or thre | ee-word descript | ion of the sei | rvice is | |
| | | OCK 1 | | | | BLOCK 2 |) | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBI | | CAT | EGORY OF SEI | | NO. OF SUBSCRIBERS | RAT |
| | Residential: | SUBSCRIBE | | CAT | | (VICL | SOBSCRIBERS | 11/1 |
| | Service to first set | | 971 42.9 | | ED RATE | | 2.095 | 18.9 |
| | Service to additional set(s) | | 371 42.3 | | | | 2,000 | 10. |
| | • FM radio (if separate rate) | | | | | | | |
| | Motel, hotel | | | | | | | |
| | Commercial | | 24 234.14 | | | | | |
| | Converter | | 24 234.14 | • | | | | |
| | Residential | | 3 1.2 | | | | | |
| | Non-residential | | J 1.23 | | | | | |
| | ·Non-residentia | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMISSIONS: RA | TES | | | | |
| - | In General: Space F calls for ra | | | | all your cable sys | stem's servic | es that were | |
| F | not covered in space E, that is, t | those services | that are not offered | in combinati | on with any sec | ondary transr | nission | |
| | service for a single fee. There a | • | | • | | • • • | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the ur | | | | | | | |
| Secondary | enter only the letters "PP" in the | | usually blied. If all | y fales are c | narged on a van | able pel-plo | graffi basis, | |
| ransmissions: | Block 1: Give the standard ra | | he cable system for | each of the | applicable servi | ces listed. | | |
| Rates | Block 2: List any services that | • • | | - | - | | | |
| | listed in block 1 and for which a | | | | t these other ser | vices in the f | orm of a | |
| | brief (two- or three-word) descrip | ption and includ | le the rate for each | | | | | |
| | | BLOO | CK 1 | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | CATEGORY OF S | ERVICE | RATE | CATEGOR | RY OF SERVICE | RATI |
| | Continuing Services: | | Installation: Non- | residential | | | | |
| | • Pay cable | 16.95 | Motel, hotel | | | STARZ/E | | 14.9 |
| | Pay cable—add'l channel | 14.95 | Commercial | | | HBO/CIN | EMAX | 26.9 |
| | Fire protection | | Pay cable | | | SHOWTI | ME/MOVIE CH | 16.9 |
| | •Burglar protection | | Pay cable-add' | channel | | | | |
| | Installation: Residential | | Fire protection | | | | | |
| | • First set | 74.99 | Burglar protect | on | | | | |
| | Additional set(s) | | Other services: | | | | | |
| | | [| Reconnect | | 74.99 | | | ····· |
| | FM radio (if separate rate) | | - Reconnect | | 14.00 | | | |
| | FM radio (if separate rate)Converter | | Disconnect | | 14.00 | | | |
| | , | | | n | 24.99 | | | |
| | , | | Disconnect | | | | | |

| | LEGAL NAME OF OWNER OF | F CABLE SYSTEM: | | SYSTE |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name | MADISON COMMUNI | CATIONS INC | | : |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G | carried by your cable system | entify every television station (including tr em during the accounting period, <i>except</i> | (1) stations carried only on a part- | -time basis under |
| Primary | 5 | in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 | a . a | • |
| ransmitters: Television | substitute program basis, a | as explained in the next paragraph. s: With respect to any distant stations car | | |
| lelevision | basis under specific FCC ru | ules, regulations, or authorizations: | | |
| | • Do not list the station here station was carried only on | re in space G—but do list it in space I (the n a substitute basis. | e Special Statement and Program | ι Log)—if the |
| | • List the station here, and a | also in space I, if the station was carried | | |
| | Column 1: List each station | on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr | program services such as HBO, ES | SPN, etc. Identify each |
| | multicast stream associated "WETA-2" as the same on t | d with a station according to its over-the- the form. | -air designation. For example, rep | ort multistream |
| | Column 2: Give the channed | el number the FCC assigned to the telev | vision station for broadcasting over | r the air in its community |
| | Column 3: Indicate in each | VRC is channel 4 in Washington, D.C. h case whether the station is a network st | • | |
| | | ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or | | |
| | For the meaning of these te | erms, see page (iv) of the general instruc | ctions in the paper SA1-2 form. | |
| | | on of each station. For U.S. stations, list t adian stations, if any, give the name of the | • | - |
| | | · | - | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KNLC-ME | 14.3 | 1 | ST LOUIS MO |
| | NLEC TV | 14.4 | I-M | ST LOUIS MO |
| Rows as Necessary | HEROES | 14.5 | I-M | ST LOUIS MO |
| | MOVIES | 14.6 | I-M | ST LOUIS MO |
| | DECADES | 14.7 | I-M | ST LOUIS MO |
| | KMOV-HD | 24.1 | N | ST LOUIS MO |
| | COZI-TV | 24.2 | N-M | ST LOUIS MO |
| | MY-TV | 24.3 | N-M | |
| | | | | ST LOUIS MO |
| | LAFF-TV | 24.4 | N-M | ST LOUIS MO |
| | LAFF-TV CW11-DT | 24.4 26.3 | | |
| | | | | ST LOUIS MO |
| | CW11-DT | 26.3 | N-M I | ST LOUIS MO ST LOUIS MO |
| | CW11-DT COURT | 26.3 26.6 | N-M I I-M | ST LOUIS MO ST LOUIS MO ST LOUIS MO |
| | CW11-DT COURT COMET | 26.3 26.6 26.5 | N-M I I-M I-M | ST LOUIS MO ST LOUIS MO ST LOUIS MO ST LOUIS MO |
| | CW11-DT COURT COMET KDNL-DT | 26.3 26.6 26.5 31.3 | N-M I I-M I-M N | ST LOUIS MO ST LOUIS MO ST LOUIS MO ST LOUIS MO ST LOUIS MO |
| | CW11-DT COURT COMET KDNL-DT TBD-TV | 26.3 26.6 26.5 31.3 31.4 | N-M I I-M I-M N N N-M | ST LOUIS MO ST LOUIS MO ST LOUIS MO ST LOUIS MO ST LOUIS MO ST LOUIS MO |
| | CW11-DT COURT COMET KDNL-DT TBD-TV CHARGE! | 26.3 26.6 26.5 31.3 31.4 31.5 | N-M I I-M I-M N N-M N-M N-M | ST LOUIS MO |
| | CW11-DT COURT COMET KDNL-DT TBD-TV CHARGE! STADIUM | 26.3 26.6 26.5 31.3 31.4 31.5 31.6 35.3 | N-M I I-M I-M N-M N-M N-M N-M N-M N-M | ST LOUIS MO |
| | CW11-DT COURT COMET KDNL-DT TBD-TV CHARGE! STADIUM KSDK-5 | 26.3 26.6 26.5 31.3 31.4 31.5 31.6 35.3 35.4 | N-M I I-M I-M N-M N-M N-M N-M N-M N-M | ST LOUIS MO |
| | CW11-DT COURT COMET KDNL-DT TBD-TV CHARGE! STADIUM KSDK-5 BOUNCE JUSTICE | 26.3 26.6 26.5 31.3 31.4 31.5 31.6 35.3 35.4 35.5 | N-M I I-M I-M N-M N-M N-M N-M N-M N-M N-M | ST LOUIS MO |
| | CW11-DT COURT COMET KDNL-DT TBD-TV CHARGE! STADIUM KSDK-5 BOUNCE JUSTICE QUEST | 26.3 26.6 26.5 31.3 31.4 31.5 31.6 35.3 35.4 35.5 35.6 | N-M I I-M I-M N-M N-M N-M N-M N-M N-M N-M N-M | ST LOUIS MO |
| | CW11-DT COURT COMET KDNL-DT TBD-TV CHARGE! STADIUM KSDK-5 BOUNCE JUSTICE QUEST KETC-HD | 26.3 26.6 26.5 31.3 31.4 31.5 31.6 35.3 35.4 35.5 35.6 23.3 | N-M I I-M I-M N-M N-M N-M N-M N-M N-M N-M N-M E | ST LOUIS MO ST LOUIS MO |
| | CW11-DT COURT COMET KDNL-DT TBD-TV CHARGE! STADIUM KSDK-5 BOUNCE JUSTICE QUEST | 26.3 26.6 26.5 31.3 31.4 31.5 31.6 35.3 35.4 35.5 35.6 | N-M I I-M I-M N-M N-M N-M N-M N-M N-M N-M N-M | ST LOUIS MO |

| | LEGAL NAME OF OWNER OF | CADIE OVOTEM. | | SYSTEM |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name | | | | SYSTEM 39 |
| | PRIMARY TRANSMITTERS: | | | |
| G Primary ansmitters: Television | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location | also in space I, if the station was carried in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the | (1) stations carried only on a part-tin the carriage of certain network program 1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, repor- vision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for indepe- per "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station is | ime basis under ims [sections itions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | | | | ····· |
| | KTVI-DT | 33.3 | Ν | ST LOUIS MO |
| | KTVI-DT ANTENNA | <u>33.3</u> 33.4 | N-M | ST LOUIS MO ST LOUIS MO |
| | | | | |
| | ANTENNA | 33.4 | N-M | ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
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| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
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| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |
| | ANTENNA MYSTERY | 33.4 33.5 | N-M | ST LOUIS MO ST LOUIS MO |

| counting Period: | 2020/1 | | | FORM SA1-2E. PAG |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM: | | SYSTEM |
| Name | MADISON COMMUNI | CATIONS INC | | 39 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G | carried by your cable syste | entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t | ot (1) stations carried only on a part-tin | me basis under |
| Primary ransmitters: Television | 76.59(d)(2) and (4), 76.61(substitute program basis, a | effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6) explained in the next paragraph. With respect to any distant stations of | 61(e)(2) and (4))]; and (2) certain statio | ons carried on a |
| | | ules, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. | the Special Statement and Program Lo | og)—if the |
| | basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on | | , see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor | ons. N, etc. Identify each t multistream |
| | of license. For example, W Column 3: Indicate in each educational station, by ente | el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" | station, an independent station, or a r (for network multicast), "I" (for indeper | noncommercial ndent), "I-M" |
| | For the meaning of these to Column 4: Give the location | , "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis dian stations, if any, give the name of t | uctions in the paper SA1-2 form. t the community to which the station is | s licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| BLE SYSTEM: TIONS INC | SYSTEM 3 |
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| RADIO tion carried on a separate and discrete basis and list those FM station ere generally receivable by your cable system during the accounting p | |
| ing All-Band FM Carriage: Under Copyright Office regulations, an FM he system whenever it is received at the system's headend, and (2) it e received at the headend, with the system's FM antenna, during certa he Copyright Office regulations on this point, see page (v) of the generity of each station carried. e station is AM or FM. n's signal was electronically processed by the cable system as a separation (the community to which the station is licensed by the FCC of any, the community with which the station is identified). | t can be expected, ain stated intervals. eral instructions in the. arate and discrete |
| | S/D LOCATION OF STATION |
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| Accounting Perio | - | | | | | | FOR | M SA1-2E. PAGE 5. |
|----------------------|-----------------------------------------------------------|---------------|-------------------|----------------------------------------------------------|----------------|----------------|----------------|-------------------|
| Name | LEGAL NAME OF OWNER OF | | | | | | | SYSTEM ID# |
| | MADISON COMMUNIC | ATIONS | INC | | | | | 3961 |
| | SUBSTITUTE CARRIAG | E: SPECIA | AL STATEME | NT AND PROGRAM LC | G | | | |
| | In General: In space I, ident | - | - | | | ition, that vo | our cable svs | tem carried on a |
| - | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | ning that mu | st be included | in this log, see page (v) of t | he general in | structions ir | the paper S | A1-2 form. |
| Carriage: Special | 1. SPECIAL STATEMEN | | RNING SUBS | TITUTE CARRIAGE | | | | |
| Statement and | During the accounting per | riod, did you | ur cable syster | m carry, on a substitute ba | isis, any noni | network tel | evision prog | |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | × NO |
| | Note: If your answer is "No | ", leave the | e rest of this pa | age blank. If your answer i | s "Yes," you i | must comp | lete the prog | gram |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUTI | | | | | | | |
| | In General: List each subs | | | | s wherever p | ossible, if t | heir meaning | g is |
| | clear. If you need more spa Column 1: Give the title | | | vision program ("substitute | e program") t | hat. durina | the account | tina |
| | period, was broadcast by a | distant sta | tion and that y | our cable system substitu | ted for the pr | ogramming | of another | station |
| | under certain FCC rules, re Do not use general categor | gulations, o | or authorizatio | ns. See page (v) of the ge | neral instruct | tions for fur | ther informa | ition. |
| | "NBA Basketball: 76ers vs. | | JVIES OF DASK | etball. List specific progra | | example, i | Love Lucy | 01 |
| | Column 2: If the program | m was broa | | er "Yes." Otherwise enter | | | | |
| | | | | casting the substitute prog the community to which th | | oopood by | the ECC or | in |
| | the case of Mexican or Car | | | | | | | |
| | Column 5: Give the more | nth and day | | stem carried the substitute | | | ls, with the r | nonth |
| | first. Example: for May 7 gi | | o cubetituto pr | ogram was carried by you | r cablo sveto | m list the | timos occur | atoly |
| | to the nearest five minutes. | | | | | | | aleiy |
| | stated as "6:00-6:30 p.m." | | | | · | | | |
| | to delete under FCC rules | | | n was substituted for prog | | | | |
| | was substituted for program | | | | | | | ogram |
| | effect on October 19, 1976 | | | | | Ū | | |
| | | | | | | N SUBSTI | TUTE | |
| | s | UBSTITUT | E PROGRAM | 1 | | AGE OCC | | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | | TIMES | DELETION |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM | — то | |
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| Accounting Period: | 2020/1 | FORM SA1-2E. PAGE 6. |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: MADISON COMMUNICATIONS INC | SYSTEM ID# 3961 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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 a 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. | ission service |
| 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | 263,80(|
| | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for thi accounting period is \$52.00 | s six-month |
| | 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 | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10) |)) |
| | 1. Base amount under statutory formula \$ 263,800.00 | |
| | 2. Enter amount of gross receipts from space K | |
| | 3. Subtract line 2 from line 1 | |
| | 4. Enter the amount of gross receipts from space K | |
| | 5. Enter the amount from line 3 | |
| | 6. Subtract line 5 from line 4 | |
| | | |
| | 7. Multiply line 6 by .005 (enter figure here) | |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6 | 00) |
| | 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 | 1,494.37 |
| | 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 | \$ 2,813.37 |
| | FILING FEE AND TOTAL REMITTANCE DUE | |
| | I ILING FEE AND TOTAL NEWLITANCE DUE | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 2,813.37 |
| 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 | \$ 2,833.37 |
| | EFT Trace # or TRANSACTION ID # 26PGMHL3/76018321097 | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register o See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more | |

| Accounting Period: | 2020/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: MADISON COMMUNICATIONS INC | SYSTEM ID# 3961 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services | 28 291 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) | |
| for Further Information | Name MARY J WESTERHOLD Telephone | 618-635-5000 |
| | Address 21668 DOUBLE ARCH RD, P O BOX 29 (Number, street, rural route, apartment, or suite number) STAUNTON IL 62088 (City, town, state, zip) Email accounting@madisontelco.com Fax (optional) 618-635-721 | 4 |
| O Certification | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereid are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] | system as identified vner of the cable system |
| | Typed or printed name: MARY J WESTERHOLD Title: VICE PRESIDENT (Title of official position held in corporation or partnership) | |
| | Date: 07/07/2020 | |

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.

| ounting Period: 2020/1 | FORM SA1-2E. PAGE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| ADISON COMMUNICATIONS INC | 396 |
| 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? NO | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name 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. | Q |
| | Q Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | |
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| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | |

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