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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) actions are located of this workbook	7/28/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optiona	I - see instructions)	
B Owner	of the subsidiary, not that of the parent List any other name or names under wh If there were different owners during th single statement of account and royalty	corporation. Nich the owner conducts the business of t	the last day of the accounting period should sting period.	
		NG ADDRESS OF CABLE SYSTEM		
	Coon Valley Telecommunications	Inc		
		OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF 106 Central Ave, PO Box (Number, street, rural route, apartment, or suit	398		
	Coon Valley, WI 54623 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bus			
System	names already appear in space B. In lin		le system, il dillerent from the address	s given in space B.
System	1 Coon Valley Telecommun			
	MAILING ADDRESS OF CABLE SYSTE			
	2 105 Central Ave, PO Box			
	(Number, street, rural route, apartment, or suit Coon Valley, WI 54623 (City, town, state, zip code)	e numper)		

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hamo	Coon Valley Telecommunications Inc	63388
D	"a separate and distinct community or municipal entity (including uninco	y that you list will serve as a form of system identification hereafter known e filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Coon Valley	WI
Community	Chaseburg	WI
	Stoddard	WI
dd Rows as Necessary	LaCrosse	WI

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	
Name	Coon Valley Telecomm								6338
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	ATES				
E	In General: The information in s					ry transmission :	service of	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	broken	
scribers and	down by categories of secondar						•		
Rates	each category by counting the n	•				•			
	separately for the particular serv								
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc		,		ny stanua		s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	condary transmis	sion servi	ce that cable	
	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	0			· · ·	service that are	different f	rom those	
	printed in block 1 (for example, t	tiers of service	s that inc	lude one or m	ore secon	dary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.	OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	CODCOLUD	LITO	TUTE	0/11			CODOCIADENCO	
	Service to first set		859	24.95	Basic			263	67.9
	Service to additional set(s)		1.047		Expand	ded		524	76.9
	• FM radio (if separate rate)		-,					66	24.9
	Motel, hotel								
	Commercial		6	67.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		•	• •			
	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions:	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip		,						
		BLO	СК 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	ORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable		• Mot	el, hotel					
	Pay cable—add'l channel		• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set		• Burg	lar protection					
	 Additional set(s) 		Other s	ervices:					
	- Auditional Set(S)		_						
			 Rec 	onnect					
	FM radio (if separate rate) Converter			onnect onnect					
	• FM radio (if separate rate)		• Disc	onnect					
	• FM radio (if separate rate)		• Disc • Out		ess				

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	Coon Valley Telecom	munications Inc		6338
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station her station was carried only or • List the station here, and basis. For further information Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting ti e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination I d with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog S1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa uctions in the paper SA1-2 form.	television stations) -time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast).
	FCC. For Mexican or Cana	dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	he community with which the statio	an is identified. 4. LOCATION OF STATION
	CW Network	10	N-M	LaCrosse, WI
	KQEG	23	I	LaCrosse, WI
Add Rows as Necessary	My TV	9	N-М	LaCrosse, WI
Add nows as necessary	WEAU	13	N	Eau Claire, WI
	WHLA-PBS	31	E	LaCrosse, WI
	WKBT	8	N	LaCrosse, WI
	WLAX	25	N	LaCrosse, WI
	WXOW	19	N	LaCrosse, WI
	Heroes & Icons	21	N	LaCrosse, WI
	WHLA Kids	28	N	LaCrosse, WI
	WHLA Create	27	N	LaCrosse, WI
	WLAX-Me TV	23	N	LaCrosse, WI
	WEAU-Movies	22	N	Eau Claire, WI
	Antenna TV	20	N	Eau Claire, WI
	WXOW-Court TV	63	N	LaCrosse, WI
	WXOW-Justice	64	N	LaCrosse, WI
	WLAX-Laff	61	N	LaCrosse, WI
	WLAX-Grit TV	62	N	LaCrosse, WI

EGAL NAME OF								SYSTEM 633
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recei at the Co I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the	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 co ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the		·			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1						

Accounting Perio	od: 2020/1					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Coon Valley Telecomr	nunicatio	ns Inc				63388
	SUBSTITUTE CARRIAG				G		
I		-	-			4	
•	In General: In space I, ident substitute basis during the a						
Outertitute	explanation of the programm						
Substitute Carriage:					ne general in		
Special	1. SPECIAL STATEMEN	-					
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network television p	rogram
Program Log	broadcast by a distant sta	tion?				YES	
	NI-1-15 (A)			11.1.1	"X "	-	
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must complete the p	rogram
	log in block 2.						
	2. LOG OF SUBSTITUTI						
	In General: List each subs				s wherever p	ossible, if their mea	ning is
	clear. If you need more spa						
				vision program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	guiations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for further infor	mation.
	"NBA Basketball: 76ers vs.			etball. List specific progra		example, TLOVE Lu	Sy OI
			dcast live. ent	er "Yes." Otherwise enter '	"No."		
				asting the substitute progr			
				the community to which th		censed by the FCC	or, in
	the case of Mexican or Car						
			when your sy	stem carried the substitute	e program. U	se numerals, with th	e month
	first. Example: for May 7 gi						
				ogram was carried by you			
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m. should	be
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	n was substituted for prog	ramming that	t vour system was <i>n</i>	auired
	to delete under FCC rules						
	was substituted for program						program
	effect on October 19, 1976		, ,			· ···· · · · · · · · · · · · · · · · ·	
						N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
						_	
						_	
1			I		· ·		1

Accounting Period:	2020/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I
inaille	Coon Valley Telecommunications Inc 6338
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.
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 \$263,80(• 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
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this 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
	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 \$137,100)
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Elling E	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 191.15
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 \$ 211.15
	EFT Trace # or TRANSACTION ID # 26PHOR0A
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Coon Valley Telecommunications Inc	SYSTEM ID# 63388
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broad 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	
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to wh we can contact about this statement of account.) Name Carol Ann Olson	om Telephone 608-452-3101
Information	Address 105 Central Ave, PO Box 398 (Number, street, rural route, apartment, or suite number) Coon Valley, WI 54623 (City, town, state, zip) Email cvt@mwt.net Fax (option	al) 608-452-3100
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Offic 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the own 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 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 of are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good failt [18 U.S.C., Section 1001(1986)] 	line 1 of space B; or ner of the cable system as identified identified as owner of the cable system contained herein
	X "/s/signature" Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Carol Ann Olson Title: Secretary-Treasurer (Title of official position held in corporation or partnership)	ement.
	Date: 7/21/20	020

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unting Period: 2020/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
on Valley Telecommunications Inc	633
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 a scribers 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 transmission made by satellite carriers to satellite dish owners? NO	sub- " Special Statemen " Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment or an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment	
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	
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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 Line 1 Enter the amount of late payment or underpayment	n. La Interest Assessme
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 Line 1 Enter the amount of late payment or underpayment	n. La Interest Assessme days
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer. 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	n. Q Interest Assessm
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer 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	Interest Assessme Interest Asse
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