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

24981

				Return completed workbook
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
-	ems (Short Form)	02/18/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
_				
Α	ACCOUNTING PERIOD COVERED) BY THIS STATEMENT: (Y	YYY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2020/2			
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full o	corporate
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should nting period.	d submit a

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	

	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	NORTHWEST COMMUNITY COMMUNICATIONS
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	116 HARRIMAN AVE N (Number, street, rural route, apartment, or suite number)
	AMERY, WI 54001 (City, town, state, zip)
	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
4	IDENTIFICATION OF CABLE SYSTEM:
	NEW RICHMOND
	MAILING ADDRESS OF CABLE SYSTEM:
2	(Number, street, rural route, apartment, or suite number)
-	name: 1

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 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 suffciency of the fling, a determination that would be made by a court of law.

(City, town, state, zip code)

.....

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	NORTHWEST COMMUNITY COMMUNICATIONS	2498
D	Instructions: List each separate community served by the cable system. A "com" a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know gs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	NEW RICHMOND	WI
Community	SOMERSET	WI
	STAR PRAIRIE	WI
Add Rows as Necessary	ST JOSEPH	WI

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM [.]						FORM SA	
Name	NORTHWEST COMMUN		JNICA	TIONS				010	2498
					ATEO				
E	SECONDARY TRANSMISSION In General: The information in s					ry transmission s	service of t	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						hla svetam	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	· ·	,				s wiu iir a j		
	Block 1: In the left-hand block	in space E, th	e form li	sts the catego	ries of sec				
	systems most commonly provide								
	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	-							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		e nym-n	and DIOCK. A L	wo-or the	e-word descript		Service is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCINID			0,111		(III)	OODOONIDENO	1011
	Service to first set		1,520	39.71					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		325	5.00					
	Converter								
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all vour cable svs	stem's serv	ices that were	
F	not covered in space E, that is, t								
- ·	service for a single fee. There an								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usualiy	billed. If ally i		harged on a van	able pel-pi	ografii basis,	
ransmissions:	Block 1: Give the standard rate			-					
Rates	Block 2: List any services that	• •			-				
Nates	listed in block 1 and for which a				isned. List	these other services	vices in the	e form of a	
Nates	brief (two- or three-word) descrip								
Nales	brief (two- or three-word) descrip			ite for each.					
Nates		BLO				DATE	CATECO	BLOCK 2	DAT
Nales	CATEGORY OF SERVICE		CATEG	ORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT
Rates	CATEGORY OF SERVICE Continuing Services:	BLO	CATEG Installa	ORY OF SER tion: Non-res		RATE	CATEGO		RAT
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEG Installa • Mot	ORY OF SER tion: Non-res		RATE	CATEGO		RAT
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CATEG Installa • Mot • Con	ORY OF SER tion: Non-res el, hotel nmercial		RATE	CATEGO		RAT
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEG Installa • Mot • Con • Pay	ORY OF SER tion: Non-res	idential	RATE	CATEGO		RAT
itales	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CATEG Installa • Mot • Con • Pay • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable	idential	RATE	CATEGO		RAT
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CATEG Installa • Mot • Con • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel nmercial cable cable	idential	RATE	CATEGO		RAT
itales	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection	idential	RATE	CATEGO		RAT
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO(RATE 50.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection	idential	RATE	CATEGO		RAT
ivates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO(RATE 50.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'I cl protection glar protection ervices:	idential		CATEGO		RAT
Rates	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)	BLO(RATE 50.00	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services: onnect	idential				RAT

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	NORTHWEST COMM	UNITY COMMUNICATIONS		249
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the	(1) stations carried only on a part e carriage of certain network prog	t-time basis under grams [sections
rimary smitters:		e)(2) and (4), or 76.63 (referring to 76.6 ⁻ as explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain si	tations carried on a
levision	Substitute Basis Stations	: With respect to any distant stations ca	rried by your cable system on a s	ubstitute program
	• Do <i>not</i> list the station her station was carried <i>only</i> or			
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, a n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruc rogram services such as HBO, ES	ctions. SPN, etc. Identify each
	"WETA-2" as the same on	d with a station according to its over-the- the form.	-air designation. For example, rep	port multistream
	Column 2: Give the chann	el number the FCC assigned to the telev	vision station for broadcasting ove	er the air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network s	station. an independent station, or	a noncommercial
	educational station, by ente	ering the letter "N" (for network), "N-M" (f	for network multicast), "I" (for inde	pendent), "I-M"
	· · · /	, "E" (for noncommercial educational), or	i i i i i i i i i i i i i i i i i i i	ational multicast).
		erms, see page (iv) of the general instruction of each station. For U.S. stations, list		n is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	ne community with which the static	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ТРТ	2	E	ST PAUL, MN
	wcco	1	N	
	WCCO	4	N	MINNEAPOLIS, MN
as Necessary	KSTP	5	N N	MINNEAPOLIS, MN ST PAUL, MN
as Necessary	KSTP KMSP	9	N	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN
as Necessary	KSTP KMSP KARE	5 9 11	N I N	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN
as Necessary	KSTP KMSP KARE TPT	5 9 11 17	N I N E	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN
as Necessary	KSTP KMSP KARE TPT WQOW	5 9 11 17 18	N I N	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI
as Necessary	KSTP KMSP KARE TPT WQOW WUCW	5 9 11 17	N I N E	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN
as Necessary	KSTP KMSP KARE TPT WQOW WUCW WHWC	5 9 11 17 18 23	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI
s as Necessary	KSTP KMSP KARE TPT WQOW WUCW	5 9 11 17 18 23 28	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN
vs as Necessary	KSTP KMSP KARE TPT WQOW WUCW WUCW WHWC WFTC KPXM	5 9 11 17 18 23 28 29 41	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN
ws as Necessary	KSTP KMSP KARE TPT WQOW WUCW WHWC WFTC	5 9 11 17 18 23 28 29	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN
ws as Necessary	KSTP KMSP KARE TPT WQOW WUCW WUCW WHWC WFTC KPXM	5 9 11 17 18 23 28 29 41	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN
ws as Necessary	KSTP KMSP KARE TPT WQOW WUCW WUCW WHWC WFTC KPXM	5 9 11 17 18 23 28 29 41	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN
ws as Necessary	KSTP KMSP KARE TPT WQOW WUCW WUCW WHWC WFTC KPXM	5 9 11 17 18 23 28 29 41	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN
ws as Necessary	KSTP KMSP KARE TPT WQOW WUCW WUCW WHWC WFTC KPXM	5 9 11 17 18 23 28 29 41	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN
ws as Necessary	KSTP KMSP KARE TPT WQOW WUCW WUCW WHWC WFTC KPXM	5 9 11 17 18 23 28 29 41	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN
ws as Necessary	KSTP KMSP KARE TPT WQOW WUCW WUCW WHWC WFTC KPXM	5 9 11 17 18 23 28 29 41	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN
ws as Necessary	KSTP KMSP KARE TPT WQOW WUCW WUCW WHWC WFTC KPXM	5 9 11 17 18 23 28 29 41	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN MINNEAPOLIS, MN
ws as Necessary	KSTP KMSP KARE TPT WQOW WUCW WUCW WHWC WFTC KPXM	5 9 11 17 18 23 28 29 41	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN
ws as Necessary	KSTP KMSP KARE TPT WQOW WUCW WUCW WHWC WFTC KPXM	5 9 11 17 18 23 28 29 41	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN
ws as Necessary	KSTP KMSP KARE TPT WQOW WUCW WUCW WHWC WFTC KPXM	5 9 11 17 18 23 28 29 41	N I N E N I	MINNEAPOLIS, MN ST PAUL, MN MINNEAPOLIS, MN MINNEAPOLIS, MN ST PAUL, MN EAU CLAIRE, WI MINNEAPOLIS, MN MENOMONIE, WI MINNEAPOLIS, MN

EGAL NAME OF			OMMUNICATIONS					SYSTEM II 249
	every radio s	station ca	arried on a separate and discre 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: If 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 recein at the Co sign of e the static ion's sign g a check n's locati	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 k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	, AM or FM	S/D	LOCATION OF STATION	
ON LEE OFOIT		0/D		OF ILLE OF OT		0/D		
						·		

Accounting Perio	d: 2020/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	NORTHWEST COMMU	INITY COM	MUNICATI	ONS				24981
	SUBSTITUTE CARRIAGI	E: SPECIAL	. STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident							
	substitute basis during the a							
Substitute	explanation of the programm				ne general ins	structions II	n the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did your	cable syster	n carry, on a substitute ba	sis, any nonr	network te	levision prog	
	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	" leave the re	est of this na	ge blank. If your answer is	s "Yes " vou i	must comr	lete the pro	
	-	, leave the re	escor uns pa	ge blank. If your answer is	s ies, you i	nusi comp		gran
	log in block 2. 2. LOG OF SUBSTITUTE		10					
	In General: List each subs			ate line. Lise abbreviation	wherever n	ossihla ift	heir meanin	a is
	clear. If you need more spa	ace, please ac	dd additional	rows to the tables.		0331010, 11 1		9 13
				vision program ("substitute	e program") t	hat, during	the accoun	ting
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
			ast live ente	er "Yes." Otherwise enter	"No "			
				asting the substitute progr				
	Column 4: Give the broa	adcast station	n's location (t	he community to which th	e station is lie		the FCC or,	in
	the case of Mexican or Car							
			/hen your sy	stem carried the substitute	e program. U	se numera	ils, with the r	nonth
	first. Example: for May 7 giv		eubetituto pr	ogram was carried by you	r cable svete	m list tha	times accur	ately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."			·····				
	Column 7: Enter the lett			n was substituted for prog				
					d: ontor the l	ottor "D" if	the listed pr	oaram
	to delete under FCC rules a							ogram
	was substituted for program	nming that yo						ogram
		nming that yo						ogram
	was substituted for program	nming that yo			ler FCC rules		lations in	
	was substituted for progran effect on October 19, 1976	nming that yo	our system w	as permitted to delete und	ler FCC rules WHE	and regul	Iations in TTUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976	UBSTITUTE	PROGRAM	as permitted to delete unc	WHE CARRI	N SUBST AGE OCC	ITUTE CURRED TIMES	
	was substituted for progran effect on October 19, 1976 SI	UBSTITUTE	our system w	as permitted to delete und	ler FCC rules WHE CARRI	N SUBST AGE OCC	Iations in ITUTE CURRED	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUTE	PROGRAM	as permitted to delete unc	WHE CARRI	N SUBST AGE OCC	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for progran effect on October 19, 1976 SI	UBSTITUTE	PROGRAM	as permitted to delete unc	WHE CARRI	N SUBST AGE OCC	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for progran effect on October 19, 1976 SI	UBSTITUTE	PROGRAM	as permitted to delete unc	WHE CARRI	N SUBST AGE OCC	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for progran effect on October 19, 1976 SI	UBSTITUTE	PROGRAM	as permitted to delete unc	WHE CARRI	N SUBST AGE OCC	ITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUTE	PROGRAM	as permitted to delete unc	WHE CARRI	N SUBST AGE OCC	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for progran effect on October 19, 1976 SI	UBSTITUTE	PROGRAM	as permitted to delete unc	WHE CARRI	N SUBST AGE OCC	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for progran effect on October 19, 1976 SI	UBSTITUTE	PROGRAM	as permitted to delete unc	WHE CARRI	N SUBST AGE OCC	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for progran effect on October 19, 1976 SI	UBSTITUTE	PROGRAM	as permitted to delete unc	WHE CARRI	N SUBST AGE OCC	ITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUTE	PROGRAM	as permitted to delete unc	WHE CARRI	N SUBST AGE OCC	ITUTE CURRED TIMES	7. REASON FOR

Accounting Period:	2020/2		FORM S	6.8A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHWEST COMMUNITY COMMUNICATIONS		S	8YSTEM ID# 24981
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how t 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.	condary transm o compute this	nission service amount, see \$30	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600 1.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo			
	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	,600)	
	1. Enter the amount of gross receipts from space K	365,055.10		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	101,255.10		
	4. Multiply line 3 by .01	\$	1,012.55	
	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.		\$	2,331.55
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,331.55	
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		\$	2,351.55
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for	-		ghts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHWEST COMMUNITY COMMUNICATIONS	SYSTEM ID# 24981
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	13
	on which the cable system carried television broadcast stations and nonbroadcast services .	74
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 SCOTT JENSEN Telephone	715-268-7101
	Address 116 HARRIMAN AVE N (Number, street, rural route, apartment, or suite number) AMERY, WI 54001 (City, town, state, zip)	
	Email SJENSEN@AMERYTEL.NET Fax (optional) 715-268-919	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 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 herein 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 mer of the cable system
	X /S/ SCOTT JENSEN Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: SCOTT JENSEN Title: VICE PRESIDENT (Title of official position held in corporation or partnership) Date: 2/18/21	

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.

unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
RTHWEST COMMUNITY COMMUNICATIONS	2498
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusior
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
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