U.S. COPYRIGHT OFFICE INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT

The SA1-2E is a U.S. Copyright Office Form

Email completed workbook to: coplicsoa@copyright.gov

Submitting the form

- This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).
- When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

- · Alphabetization: Alphabetization is NOT required for any spaces.
- · Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.
- · Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.
- · Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at:

https://www.copyright.gov/forms/sa1-2.pdf

Page 1 – Spaces A-C

- · Space A fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., "2017/1").
- · Space B If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- · Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.
- Barcode Data In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.
- · For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 – Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 – Space H

 \cdot $\;$ Information can be manually entered into the highlighted areas.

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- · Space K input the total gross receipts for the cable system in the highlighted box.
- · Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.
- · Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

Page 7 – Spaces M-O

- · Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

 \cdot $\;$ Manually enter information into highlighted spaces as applicable.

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
02/03/21	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: 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.	3961
		T	
		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 number)	
		STAUNTON IL 62088 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ure already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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 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 suffciency of the fling, a determination that would be made by a court of law.

	A SOAL MANUE OF OMAJED OF OADLE OVOTEM.	FORM SA1-2E. PAGE
Name I	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	MADISON COMMUNICATIONS INC	nity" is the same as a "community unit" as defined in ECC rule
	Instructions: List each separate community served by the cable system. A "commur" a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l	
	as the "first community." Please use it as the first community on all future filings.	ast will serve as a form of system rechanges.
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area	identified city.	Joine harve should be reported in parentialists 2.2.2
Served	dentinea city.	
	CITY OR TOWN	STATE
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First Community	LIVINGSTON	 L
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	SAWYERVILLE MT CLARE	IL II
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	MT OLIVE	IL
	WILLIAMSON	<u>L</u>
	BENLD	<u>IL</u>
 	HAMEL	IL
	HOLIDAY SHORES	IL
	NEW DOUGLAS	IL
	SHIPMAN	IL
•••••	BUNKER HILL	IL
	WORDEN	IL
	ALHAMBRA	IL
	WILSONVILLE	IL
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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MADISON COMMUNICATIONS INC

SYSTEM ID#

3961

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Secondary Transmission Service: Subscribers and Rates **In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	1,100	42.95	BUNDLED RATE	1,907	18.95	
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	24	230.87				
Converter						
Residential	2	1.25				
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	R
Continuing Services:		Installation: Non-residential			
• Pay cable	16.95	Motel, hotel		STARZ/ENCORE	1
 Pay cable—add'l channel 	14.95	Commercial		HBO/CINEMAX	2
 Fire protection 		• Pay cable		SHOWTIME/MOVIE CH	1
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	74.99	Burglar protection			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect	74.99		
Converter		Disconnect			
		Outlet relocation	24.99		
		Move to new address	74.99		

Accounting Period: 2020/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

3961

MADISON COMMUNICATIONS INC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KNLC-ME	14.3	l	ST LOUIS MO
NLEC	14.4	I-M	ST LOUIS MO
HEROES	14.5	I-M	ST LOUIS MO
MOVIES!	14.6	I-M	ST LOUIS MO
DECADES	14.7	I-M	ST LOUIS MO
START TV	14.8	I-M	ST LOUIS MO
KETC-HD	23.3	E	ST LOUIS MO
KETCKID	23.4	E-M	ST LOUIS MO
WORLD	23.5	E-M	ST LOUIS MO
KETCDIY	23.6	E-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
CIRCLE TV	24.5	N-M	ST LOUIS MO
KPLR-DT	26.3	<u> </u>	ST LOUIS MO
COURT TV	26.4	I-M	ST LOUIS MO
COMET TV	26.5	I-M	ST LOUIS MO
GRIT TV	26.6	I-M	ST LOUIS MO
WRBU-DT (ION)	28.3	<u> </u>	ST LOUIS MO
KDNL-DT	31.3	N	ST LOUIS MO
TBD-TV	31.4	N-M	ST LOUIS MO
CHARGE!	31.5	N-M	ST LOUIS MO
STADIUM	31.6	N-M	ST LOUIS MO

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MADISON COMMUNICATIONS INC

SYSTEM ID#

3961

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTVI-DT	33.3	N	ST LOUIS MO
ANTENNA	33.4	N-M	ST LOUIS MO
ESCAPE	33.5	N-M	ST LOUIS MO
DABL	33.6	N-M	ST LOUIS MO
KSDK-DT	35.3	N	ST LOUIS MO
BOUNCE	35.4	N-M	ST LOUIS MO
JUSTICE	35.5	N-M	ST LOUIS MO
QUEST	35.6	N-M	ST LOUIS MO

			-

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 3961 MADISON COMMUNICATIONS INC **PRIMARY TRANSMITTERS:** TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Transmitters:** substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION 3. TYPE OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MADISON COMMUNICATIONS INC

3961

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

- **Column 1:** Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		_					

	d: 2020/2						FO	RM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	MADISON COMMUNIC	ATIONS	INC					3961	
ı	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a	ify every no	nnetwork televi	sion program, broadcast by	a <i>distant</i> sta		•		
Substitute		stitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further lanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:		PECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special		SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE uring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and		ring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program adcast by a distant station? THES NO If your answer is "Yes," you must complete the program							
Program Log	broadcast by a distant sta	IIIOH?					YES	LNO	
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	olete the pro	ogram	
	log in block 2.								
	2. LOG OF SUBSTITUTE	PROGRA	AMS						
	In General: List each subs				s wherever po	ossible, if	their meani	ng is	
	clear. If you need more spa			rows to the tables. /ision program ("substitute	nrogram"\ tl	oot during	the accou	nting	
	period, was broadcast by a								
	under certain FCC rules, re		•	•		•	•		
	Do not use general categor	ries like "mo		,					
	"NBA Basketball: 76ers vs.			"Y " OII : 1 4	(A.1. ")				
				er "Yes." Otherwise enter ' asting the substitute progr					
		•		the community to which the		censed by	the FCC o	r, in	
	the case of Mexican or Car		,	•		•		,	
		-	when your sy	stem carried the substitute	program. Us	se numera	als, with the	month	
	first. Example: for May 7 giv		o cubatituta ar	ogram was carried by your	r oabla svetor	m list the	timos accu	urataly	
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m."		p g						
				n was substituted for progr					
	to delete under FCC rules a							orogram	
	was substituted for prograr effect on October 19, 1976	•	your system w	as permilled to delete und	ier FCC rules	and regu	nations in		
	encot on Cotober 10, 1070	•							
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. R								
	S	UBSTITUT	E PROGRAM			AGE OC	CURRED	7. REASON FOR	
	1. TITLE OF PROGRAM		3. STATION'S			AGE OC		7. REASON FOR DELETION	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OCO	CURRED TIMES		

Accounting Period:	2020/2	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. Enter 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 \$263,800 but less than \$527,600 see page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800
	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 the accounting period is \$52.00 Line 1. Royalty fee for accounting period	nis 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	00)
	1. Base amount under statutory formula	
	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 \$527,6	600)
	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	1,390.31
	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	\$ 2,709.31
	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)	2,709.31
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	\$ 2,729.31
	EFT Trace # or TRANSACTION ID # 26R61PQF/76074256381	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

U.S. Copyright Office

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS INC				SYSTEM ID# 3961
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	s, and (2) the cable system's and (2) the cable system's and I number of channels on which television broadcast stations.	total number of a the cable	nich the cable system carried t ctivated channels during the a	ccounting period.	32
		able system carried television cast services		ns 		295
N Individual to Be Contacted		BE CONTACTED IF FURTH		ON IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	MARY J WESTERHO	DLD		Telephone	618-635-5000
	Address	21668 DOUBLE ARC (Number, street, rural route, apart STAUNTON IL 6208 (City, town, state, zip)	ment, or suite numb			
	Email	accounting@m	adisontelco.con	n	Fax (optional)	
Ocertification	I, the undersigned (Owner in	ed, hereby certify that (Check of other than corporation or put of owner other than corporation 1 of space B and that the caser or partner) I am an officer line 1 of space B. If the statement of account and e, and correct to the best of my	partnership) I ame ation or partnership with a corporation or partnership	the owner of the cable system ship) I am the duly authorized a	as identified in line 1 of space I gent of the owner of the cable s the legal entity identified as own	system as identified
		Typed or printed Title: (Title of continuous)	Enter signature of name: MAI	nic signature on the line above to using an "/s/ signature" (e.g., /s/		
		Dale.			0L1UL1LUL 1	

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.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DISON COMMUNICATIONS INC	3961
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	P Special Statement Concerning Gross Receipts Exclusion
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 YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	

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.

Accounting period

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd		Initials		
		Date of remittance	_ ☐ Check	☐ EFT	☐ FILING	G FEES	
Cable ID#					Amount	Initials	
Examined by	Reviewed by	Date examination completed	Allocatio	n number			
Space A Accounting	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)						
Period	☐ Letter sent ☐ Information received						
	☐ Accepted ☐ Phone call/Date/Contact						
Space B Owner							
	☐ Letter sent ☐ Information received						
	☐ Accepted ☐ Phone call/Date/Contact						
Space D Area Served							
	☐ Letter sent	☐ Letter sent ☐ Information received					
	☐ Accepted	☐ Phone call/Date/Contact					
Space E Secondary Transission							
Service Subscribers:	☐ Letter sent	☐ Information received					
and Rates	☐ Accepted	☐ Phone call/Date/Contact					
Space G Primary Transmitters:							
Television	☐ Letter sent	☐ Information received					
	☐ Accepted	☐ Phone call/Date/Contact					
Space H Primary Transmitters:							
Radio	☐ Accepted	☐ Phone call/Date/Contact					

		Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact	