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 |
| 8-23-21 | \$ |
| | 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 | ACCOUNTING DEDICT COVERED BY THIS STATEMENT. (VVVV//Po-:-a-//) |
|------------|---|
| | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
| | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| Accounting | 20211 Barcode Data Filing Period (optional - see instructions) |
| 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. |
| | χ 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 |
| | Mosinee Telephone Company, LLC |
| | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | |
| | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | 525 Junction Road (Number, street, rural route, apartment, or suite number) |
| | Madison, WI 53717 |
| | (City, town, state, zip) |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | IDENTIFICATION OF CABLE SYSTEM: |
| | TDS Telecom, Inc. MAILING ADDRESS OF CABLE SYSTEM: |
| | |
| | 2 (Number, street, rural route, apartment, or suite number) |
| | (City, town, state, zip code) |

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

| | | FORM SA1-2E. PAGI |
|-------------------|---|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| | Mosinee Telephone Company, LLC | |
| | Instructions: List each separate community served by the cable system. A "c | |
| D | separate and distinct community or municipal entity (including unincorporat | |
| | unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list | st will serve as a form of system identification hereafter known as the "f |
| | community." Please use it as the first community on all future filings. | |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or | mobile home parks should be reported in parentheses below the identif |
| Served | city. | |
| | | |
| | | |
| | CITY OR TOWN | STATE |
| First | Mosinee | WI |
| Community | | |
| | | |
| Rows as Necessary | | |
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Accounting Period: 2021/01

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mosinee Telephone Company, LLC

SYSTEM ID#

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.

| BL | OCK 1 | BLOC | < 2 | | |
|--|-------------|---------|---------------------------|-------------|-------|
| 0.175,000,000,000,000 | NO. OF | 5.475 | 0.475,000,000,050,050,000 | NO. OF | D. T. |
| CATEGORY OF SERVICE | SUBSCRIBERS | RATE | CATEGORY OF SERVICE | SUBSCRIBERS | RATE |
| Residential: | | | | | |
| Service to first set | 122 | \$25/mo | | | |
| Service to additional set(s) | | | | | |
| • FM radio (if separate rate) | | | | | |
| Motel, hotel | | | | | |
| Commercial | 2 | \$40/mo | | | |
| Converter | | | | | |
| Residential | 122 | \$6/Mo. | | | |
| Non-residential | | | | | |
| | [| r | | 1 | T |

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.

| | BLO | CK 1 | | BLOCK 2 | |
|---|----------------|-------------------------------|-------------|---------------------|------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | |
| Pay cable | \$8.00-\$19.99 | Motel, hotel | | | |
| Pay cable—add'l channel | | Commercial | \$0-\$49.95 | | |
| Fire protection | | • Pay cable | | | |
| •Burglar protection | | Pay cable-add'l channel | | | |
| Installation: Residential | | Fire protection | | | |
| • First set | \$0-\$49.95 | Burglar protection | | | |
| Additional set(s) | \$0-\$49.95 | Other services: | | | |
| • FM radio (if separate rate) | | Reconnect | \$0-\$25 | | |
| Converter | | Disconnect | | | |
| | | Outlet relocation | 19.98-39.96 | | |
| | | Move to new address | | | |
| | | | | | |

Accounting Period: 2021/01 FORM SA1-2E. PAGE 3.

SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mosinee Telephone Company, LLC

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 |
|--------------|--------------------------|--------------------|------------------------|
| WAOW | 9.1 | N | Wausau, WI |
| WAOW-DT2 | 9.2 | N-M | Wausau, WI |
| WAOW-DT3 | 9.3 | N-M | Wausau, WI |
| WAOW-DT4 | 9.4 | N-M | Wausau, WI |
| WAOW-DT5 | 9.5 | N-M | Wausau, WI |
| WHRM | 20.1 | E | Wausau, WI |
| WHRM-DT2 | 20.2 | E-M | Wausau, WI |
| WHRM-DT3 | 20.3 | E-M | Wausau, WI |
| WHRM-DT4 | 20.4 | E-M | Wausau, WI |
| WSAW | 7.1 | N | Wausau, WI |
| WSAW-DT2 | 7.2 | N-M | Wausau, WI |
| WSAW-DT3 | 7.3 | N-M | Wausau, WI |
| WSAW-DT4 | 7.4 | N-M | Wausau, WI |
| WSAW-DT5 | 7.5 | N-M | Wausau, WI |
| WTPX | 46.1 | <u> </u> | Antigo, WI |
| WJFW | 12.1 | N | Rhinelander, WI |
| WJFW-DT2 | 12.2 | N-M | Rhinelander, WI |
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| Accounting Period: 2 | 2021/01 | | | FORM SA1-2E. PAGE 3. |
|--|--|---|---|-----------------------------------|
| Namo | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID# |
| Name | Mosinee Telephone C | ompany, LLC | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G | carried by your cable system FCC rules and regulations in | n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the | translator stations and low power telev (1) stations carried only on a part-time ne carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station | basis under s s [sections |
| Primary Transmitters: Television | substitute program basis, as | s explained in the next paragraph. | arried by your cable system on a substi | |
| | Do not list the station here station was carried only on List the station here, and a | a substitute basis. Iso in space I, if the station was carried | ne Special Statement and Program Log | n some other |
| | Column 1: List each station | 's call sign. <i>Do not</i> report origination p | see page (v) of the general instruction or orgram services such as HBO, ESPN, e-air designation. For example, report to | etc. Identify each |
| | "WETA-2" as the same on the | he form. | vision station for broadcasting over the | |
| | of license. For example, Wi | RC is channel 4 in Washington, D.C. | station, an independent station, or a no | · |
| | (for independent multicast), For the meaning of these ter Column 4: Give the location | "E" (for noncommercial educational), orms, see page (iv) of the general instrunt of each station. For U.S. stations, list | for network multicast), "I" (for independent "E-M" (for noncommercial educational actions in the paper SA1-2 form. the community to which the station is line community with which the station is | al multicast). licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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Mosinee Telephone Company, LLC

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

ally |, ls. n the.

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).

| <u> </u> | | | | | | | |
|-----------|----------|-----|---------------------|-----------|----------|-----|---------------------|
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
| NI/A | | | | | | | |
| N/A | | | | | | | |
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|-------------------------|--|---------------|------------------|------------------------------|-------------------|---------------|-----------------|-------------------|
| Accounting Perio | d: 2021/01 LEGAL NAME OF OWNER OF | CARLE SVST | EM: | | | | FORI | M SA1-2E. PAGE 5. |
| Name | Mosinee Telephone Co | | | | | | | SYSTEM ID# |
| ı | SUBSTITUTE CARRIAGE In General: In space I, identi | | | | | on, that you | ur cable syster | m carried on a |
| | substitute basis during the according to a | | | | | | | |
| Substitute Carriage: | explanation of the programm | _ | | | ie general insu | uctions in | ine paper SAT | -2 IOIIII. |
| Special | 1. SPECIAL STATEMENTDuring the accounting per | | | | eie any nonne | stwork tole | vision program | m |
| Statement and | broadcast by a distant stat | | r cable system | carry, orr a substitute ba | sis, arry riorinc | twork tolo | | × NO |
| Program Log | | | | | | | ∟ YES | |
| | Note: If your answer is "No" | ', leave the | rest of this pag | je blank. If your answer is | s "Yes," you m | ust comple | ete the progra | m |
| | log in block 2. 2. LOG OF SUBSTITUTE | DDCCDA | Me | | | | | |
| | In General: List each subst | | | te line. Use abbreviations | wherever po | ssible, if th | eir meaning i | s |
| | clear. If you need more spa | | | | | | | |
| | Column 1: Give the title period, was broadcast by a | • | | . • ` | , | | | |
| | under certain FCC rules, re | | • | • | | | | |
| | Do not use general categor | | vies" or "baske | tball." List specific progra | m titles, for ex | ample, "I I | Love Lucy" or | |
| | "NBA Basketball: 76ers vs. Column 2: If the program | | lcast live. ente | r "Yes." Otherwise enter " | No." | | | |
| | Column 3: Give the call | sign of the s | station broadca | sting the substitute progr | am. | | | |
| | Column 4: Give the broathe case of Mexican or Can | | , | • | | • | ne FCC or, in | |
| | Column 5: Give the mon | | • | • | | , | s, with the mo | nth |
| | first. Example: for May 7 giv | | 1 22 4 | | | | | |
| | Column 6: State the time to the nearest five minutes. | | • | | • | | | eiy |
| | stated as "6:00-6:30 p.m." | · | | , , | · | · | | |
| | Column 7: Enter the letter to delete under FCC rules a | | | | • • | | • | |
| | was substituted for program | • | | 0 0. | | | | raili |
| | effect on October 19, 1976. | | · | • | | | | |
| | | | | | WHE | EN SUBST | CITUTE | |
| | s | UBSTITUT | E PROGRAM | | | IAGE OC | | 7. REASON FOR |
| | TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | | TIMES | DELETION |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM | <u>— то</u> | |
| | N/A | | | | | | | |
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| Accounting Period: | 2021/01 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|--------------------------------|------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Mosinee Telephone Company, LLC | S' | YSTEM ID# |
| | · · · · · | | |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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. | nission service amount, see | 3,841.81 uss receipts) |
| _ | 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 \$200. • 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 t accounting period is \$52.00 | his six-month | |
| | Line 1. Royalty fee for accounting period | \$ | 52.00 |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 | . \$ | 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 | 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 | | 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 | | |
| | 2. Base amount under statutory formula | | |
| | 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 | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | EFT Trace # or TRANSACTION ID # | | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more selections. | | |

| Accounting Period: | 2021/01 | | | | | | | | | | FORM | 1 SA1-2E. PAGE 7. |
|------------------------------|--|--|---|--|--|--|---|---|---|-----------------|------------------|-------------------|
| Name | LEGAL NAME OF OWNER OF Mosinee Telephone Co | | | | | | | | | | | SYSTEM ID# |
| M Channels | CHANNELS Instructions: You must of to its subscribers, and (2) 1. Enter the total number system carried television. 2. Enter the total number on which the cable system and nonbroadcast series. | to the cable system's of channels on which on broadcast station of activated channels of activated channels of activated the carried television. | total nur ch the ca ns els on broad | able | ctivated char | nnels during | the acc | counting period. | [| | 17 | |
| N Individual to Be Contacted | INDIVIDUAL TO BE COI we can contact about this | | | FORMATIO | ON IS NEED | DED (Identify | an indi | ividual to whom | | | | |
| for Further Information | | anie Weber unction Rd | | | | | | | Telephone | (608) 664-4 | 1 721 | |
| | (Number, | street, rural route, aparti con, WI 53593 n, state, zip) | ment, or su | suite number | ·) | | | | | | | |
| | Email | Finance@tdsteleco | om.com | | | | | Fax (optional | | | | |
| O Certification | (Agent of owner in line 1 o | r certify that (Check of the corporation or prother than corporation or prother than corporation of space B and that the corporation of space B. In the corporation or prother than corporation of the cor | ation or per owner if a corpor hereby drawn knowled by | partnersh is not a cooration) or declare undedge, information in electronic ignature usi | of the boxes.) he owner of the owner own | the cable system duly authorized partnership; of a partnership; of | ed agen or o) of the statement e made | identified in line to the owner of legal entity identity identity of fact contain good faith. | 1 of space B the cable sy tified as own | /stem as identi | | |
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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.

| counting Period: 2021/01 | FORM SA1-2E. PAGE 8 |
|--|---|
| GAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID: |
| osinee Telephone Company, LLC | |
| 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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions pursuant to see the note on page (viii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions pursuant to see the note on page (viii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions pursuant to see the note on page (viii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions. X NO | the basic of include sub-ction 119." Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Mailing Address | |
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