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
02/25/2022	\$ 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 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								
	Instructions:							
В	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.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Community Antenna Systems, Inc							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	1010 Lake Street (Number, street, rural route, apartment, or suite number)							
	Hillsboro, WI 54634							
	(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	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 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.

	1	FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Name	Community Antenna Systems, Inc 14								
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rule							
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future fillings.	t will serve as a form of system identification hereafter kno							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the							
Served	identified city.								
	CITY OR TOWN	STATE							
First									
Community									
	Cazenovia	WI							
Rows as Necessary									
,									

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1408

Community Antenna Systems, Inc

E

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
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	5	91.85	
Service to additional set(s)	1	1.25	
• FM radio (if separate rate)			
Motel, hotel			
Commercial			
Converter			
Residential			
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	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 	8.65	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	40.00	Burglar protection			
Additional set(s)	15.00	Other services:			
 FM radio (if separate rate) 		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	25.00		

counting Period:	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		FORM SA1-2E. PAG					
Name				14					
	Community Antenna Systems, Inc PRIMARY TRANSMITTERS: TELEVISION								
			ranslator stations and low nower	television stations)					
G	n General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting perior except (1) stations carried only on a part-time basis unde CC rules and regulations in affect on June 24, 1981, permitting the carriage of certain persons recognized.								
Daire	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sectio 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								
Primary Transmitters:	'6.59(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 substitute program basis, as explained in the next paragrapl								
Television	Substitute Basis Stations	s: With respect to any distant stations car	rried by your cable system on a s	ubstitute progra					
		ules, regulations, or authorization: re in space G—but do list it in space I (th	e Special Statement and Program	m Log)—if th					
	station was carried only on			=-9/					
		also in space I, if the station was carried on concerning substitute basis stations,							
	Column 1: List each statio	on concerning substitute basis stations, son's call sign. Do not report origination pro	ogram services such as HBO, ES	PN, etc. Identify eac					
		d with a station according to its over-the-	-air designation. For example, re	eport multistrea					
	"WETA-2" as the same on Column 2: Give the chann	the form. nel number the FCC assigned to the telev	vision station for broadcasting over	er the air in its commur					
	of license. For example, W	VRC is channel 4 in Washington, D.C	_						
		h case whether the station is a network s							
		ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or							
	For the meaning of these to	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 forr						
		on of each station. For U.S. stations, list to adian stations, if any, give the name of th							
	CC. FOI MEXICALIOI CALL	idian stations, if any, give the name of th	ie community with which the stati	on is identific					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WISC	3.1	N	Madison, WI					
	WISC.2	3.2	N-M	Madison, WI					
dd Rows as Necessary	WISC.3	3.3	N-M	Madison, WI					
	WKBT	8.1	N	LaCrosse, WI					
	WKBT.2	8.2	N-M	LaCrosse, WI					
	WKBT.3	8.3	N-M	LaCrosse, WI					
		·							
	WKBT.4	8.4	N-M	LaCrosse, WI					
	WMTV	15.1	N	Madison, WI					
	WMTV.2	15.2	N-M	Madison, WI					
	WMTV.3	15.3	N-M	Madison, WI					
	WMTV.4	15.4	N-M	Madison, WI					
	WMTV.5	15.5	N-M	Madison, WI					
	WHA	21.1	E	Madison, WI					
	WHA.2	21.2	E-M	Madison, WI					
	WHA.3	21.3	E-M	Madison, WI					
	WHA.4	21.4	E-M	Madison, WI					
	wkow	27.1	N	Madison, WI					
	WKOW 2			Madison, WI					
	WKOW.2	27.2	N-M						
	WKOW.3	27.2 27.3	N-M	Madison, WI					
		†·····							
	WKOW.3	27.3	N-M	Madison, WI					
	WKOW.3 WKOW.4	27.3 27.4	N-M N-M	Madison, WI Madison, WI					
	WKOW.3 WKOW.4 WKOW.5	27.3 27.4 27.5	N-M N-M N-M	Madison, WI Madison, WI Madison, WI					
	WKOW.3 WKOW.4 WKOW.5 WMSN	27.3 27.4 27.5 47.1	N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI					
	WKOW.3 WKOW.4 WKOW.5 WMSN WMSN.2 WMSN.3 WMSN.4	27.3 27.4 27.5 47.1 47.2 47.3	N-M N-M N-M N N-M N-M	Madison, Wi					
	WKOW.3 WKOW.4 WKOW.5 WMSN WMSN.2 WMSN.3 WMSN.4 WIFS	27.3 27.4 27.5 47.1 47.2 47.3 47.4 51.1	N-M	Madison, Wi Janesville, Wi					
	WKOW.3 WKOW.4 WKOW.5 WMSN WMSN.2 WMSN.3 WMSN.4	27.3 27.4 27.5 47.1 47.2 47.3	N-M N-M N-M N N-M N-M	Madison, WI					
	WKOW.3 WKOW.4 WKOW.5 WMSN WMSN.2 WMSN.3 WMSN.4 WIFS	27.3 27.4 27.5 47.1 47.2 47.3 47.4 51.1 51.2	N-M	Madison, WI Janesville, WI Janesville, WI					
	WKOW.3 WKOW.4 WKOW.5 WMSN WMSN.2 WMSN.3 WMSN.4 WIFS WIFS.2 WIFS.2 WIFS.3 WIFS.4 WIFS.6	27.3 27.4 27.5 47.1 47.2 47.3 47.4 51.1 51.2 51.3 51.4 51.6	N-M	Madison, Wi Janesville, Wi					
	WKOW.3 WKOW.4 WKOW.5 WMSN WMSN.2 WMSN.3 WMSN.4 WIFS WIFS.2 WIFS.3 WIFS.4 WIFS.4 WIFS.6 WIFS.7	27.3 27.4 27.5 47.1 47.2 47.3 47.4 51.1 51.2 51.3 51.4 51.6 51.6 51.7	N-M	Madison, Wi Janesville, Wi					
	WKOW.3 WKOW.4 WKOW.5 WMSN WMSN.2 WMSN.3 WMSN.4 WIFS WIFS.2 WIFS.2 WIFS.3 WIFS.4 WIFS.6	27.3 27.4 27.5 47.1 47.2 47.3 47.4 51.1 51.2 51.3 51.4 51.6	N-M	Madison, WI Janesville, WI					

U.S. Copyright Office

	LEGAL NAME OF OWNER OF CABLE SY	STEM:		SYSTE				
Name	Community Antenna Systems, Inc 14							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary ransmitters: Television	In General: In space G, identify every icarried by your cable system during the FCC rules and regulations in effect on 76.59(d)(2) and (4), 76.61(e)(2) and (4) substitute program basis, as explained Substitute Basis Stations: With respe basis under specific FCC rules, regulat > 10 nor li list the station here in space C station was carried only on a substitute 1. List the station here, and also in space basis. For further information concernit Column 1: List each station's call sign. multicast stream associated with a stat "WETA-2" as the same on the form. Column 2: Give the channel number tf of license. For example, WRC is chan Column 3: Indicate in each case whetle ducational station, by entering the lett	accounting perior except fune 24, 1981, permitting if , or 76.63 (referring to 76. in the next paragrapl ct to any distant stations cons, or authorization: —but do list it in space I (basis et al., if the station was carrieg substitute basis stations Do not report origination p on according to its over-the eFCC assigned to the teled 4 in Washington, D.C. ere the station is a network er "N" (for network), "N-M"	(1) stations carried only on a part-tim the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat arried by your cable system on a substitute Special Statement and Program Led both on a substitute basis and also is, see page (v) of the general instructiongram services such as HBO, ESPN e-air designation. For example, repoevision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, and independent station, or a (for network multicast), "I" (for independent station).	e basis unde ms [sectio ions carried on stitute progra .og)—if tl on some otl oi l, etc. Identify eac rt multistree the air in its commur noncommerc indent), "I-I				
	(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 forr Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by t							
	For the meaning of these terms, see par Column 4: Give the location of each st FCC. For Mexican or Canadian station	ge (iv) of the general instration. For U.S. stations, lis	uctions in the paper SA1-2 forr t the community to which the station i	s licensed by t				

 WKBT.5
 8.5 N-M
 LACROSSE, WI

 WKBT.6
 8.6 N-M
 LACROSSE, WI

 WIFS.5
 57.5 N-M
 JANESVILLE, WI

 WMTV.6
 15.6 N-M
 MADISON, WI

3.6 N-M

MADISON, WI

WISC.6

U.S. Copyright Office

Accounting Period: 2021/2 FORM SA1-2E. PAGE 4

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Community Antenna Systems, Inc

140

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
		 					
		 					
		 					
		 					
		 					
			N/A				
		 				 	
						 	
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Accounting Perio	od: 2021/2 LEGAL NAME OF OWNER OF	CARLE SVS	TEM:						FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Community Antenna									1408
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT	AND PROGRAM LO	G				
l	In General: In space I, iden substitute basis during the a									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TIT	UTE CARRIAGE					
Special Statement and	nt and During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant sta	ation?							YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age	blank. If your answer is	"Yes," you	must co	mplet	e the pro	gram
	log in block 2.				-					
	2. LOG OF SUBSTITUT					_				
	In General: List each subsclear. If you need more spa					wherever p	ossible,	if the	ir meanin	g is
	Column 1: Give the title					program")	that, dur	ing the	e accoun	ting
	period, was broadcast by a	a distant sta	tion and that y	our/	cable system substitute	ed for the pi	rogramn	ning of	f another	station
	under certain FCC rules, re Do not use general catego	,			1 0 ()					
	"NBA Basketball: 76ers vs		SVICS OF BUSIN	CLDC	an. List speeme progra	III titloo, 101	Схатріс	, , , ,	ove Eddy	
	Column 2: If the progra									
	Column 3: Give the call Column 4: Give the bro	0			0 1 0		icensed	bv the	FCC or.	in
	the case of Mexican or Ca	nadian stati	ons, if any, the	e coi	mmunity with which the	station is i	dentified).		
	Column 5: Give the mo first. Example: for May 7 g		when your sy	/ster	n carried the substitute	program. L	Jse num	erals,	with the r	nonth
	Column 6: State the tim		e substitute pr	ogra	am was carried by your	cable syste	em. List t	the tin	nes accur	ately
	to the nearest five minutes		a program car	ried	by a system from 6:01	:15 p.m. to	6:28:30	p.m. s	hould be	,
	stated as "6:00–6:30 p.m." Column 7: Enter the let		lieted program	m \/	as substituted for progr	amming the	at vour e	vetem	was rea	iired
	to delete under FCC rules									
	was substituted for prograi	•	your system w	/as p	permitted to delete und	er FCC rule	s and re	gulatio	ons in	
	effect on October 19, 1976	i.								
						WHE	EN SUB	STITU	JTE	
	S	UBSTITUT	E PROGRAM	1		CARR	IAGE O			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		STATION'S LOCATION	5. MONTH AND DAY	FROM	6. TIM 1 —	IES TO	DELETION
		Tes or No	CALL SIGN	4.	STATION'S LOCATION	AND DAT	FRON	<u>" — </u>	10	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Community Antenna Systems, Inc	31	STEM I 14						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross precipits from subscribers for secondary transmissions pervice(s)								
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 2	,763.00						
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro							
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 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)							
	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 otal 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 mo								

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CA				SYSTEM ID# 1408
M Channels	to its subscribers, and (2) the 1. Enter the total number of c	cable system's total number hannels on which the cable padcast stations	on which the cable system carried teler of activated channels during the acc		39
	on which the cable system of and nonbroadcast services				67
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this sta		RMATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name Randall	Kubarski		Telephone (608-489-2321
	(Number, stre	ke Street et, rural route, apartment, or suite o, WI 54634 ate, zip)	number)		
	Email	comant@comantenna.co	m	Fax (optional) 608-489-2321	
0	CERTIFICATION (This statement	ent of account must be certi	fied and signed in accordance with Co	opyright Office regulations)	
Certification	• I, the undersigned, hereby ce	rtify that (Check one, <i>but onl</i>)	one, of the boxes.)		
	(Owner other than	corporation or partnership	o) I am the owner of the cable system a	s identified in line 1 of space B	i; or
			rtnership) I am the duly authorized ago a corporation or partnership; or	ent of the owner of the cable s	ystem as identified
	X (Officer or partner in line 1 of space	, , ,	ition) or a partner (if a partnership) of th	ne legal entity identified as own	ner of the cable system
		t to the best of my knowledge	clare under penalty of law that all stater e, information, and belief, and are made		
		X	/s/ Randall Kubarski		
			lectronic signature on the line above to c ature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed name:	Randall Kubarski		
		Title: Preside (Title of official position	ent held in corporation or partnership)		
		Date:	111111111111111111111111111111111111111	February 24, 2022	

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: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Community Antenna Systems, Inc	1408
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	•
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	-
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.	
Owner Address	
ID number First community served Accounting period	

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