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

## SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, \$ 2-22-22 contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	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.
	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
	Chequamegon Communications Coop. Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	d/b/a Norvado
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 67 (Number, street, rural route, apartment, or suite number)
	Cable, WI 54821-0067
	(City, town, state, zip)
С	<b>INSTRUCTIONS:</b> 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
	Chequamegon Communications Coop. Inc.	6153
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "firs
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne parks should be reported in parentheses below the identifie
Served	city.	
	CITY OR TOWN	STATE
First	Hayward	WI
Community	Benoit	WI
dd Dawe as Naassary.	Cornucopia Barnes	WI WI
dd Rows as Necessary	Cable	WI
	Drummond	WI
	Grand View	WI
	Mason	WI
	Marengo	WI
	Maple	WI
	Iron River	WI
	Herbster/PortWing	WI
	Namakagon	WI
	LaPointe	WI

								FORM SA1-	TEM ID			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								6153			
	Chequamegon Communications Coop. Inc.											
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIE	BERS AND R	ATES							
E	In General: The information in space E should cover all categories of secondary transmission service of the cable											
Secondary	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											
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).											
Service: Sub-		•	blocks in space E call for the number of subscribers to the cable system, broken									
scribers and Rates		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										
Rates	separately for the particular serv							charged				
	Rate: Give the standard rate of	-	-	•				-				
	unit in which it is generally billed	· · ·	,			rd rate variation	ns within a	particular rate				
	category, but do not include disc Block 1: In the left-hand block					condary transm	ission servi	ce that cable				
	systems most commonly provide	e to their subso	cribers. G	Give the numb	per of subs	cribers and rate	e for each li	sted category				
	that applies to your system. Not			U U		0						
	categories, that person or entity subscriber who pays extra for ca											
		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, t with the number of subscribers a					•	,					
	sufficient.		o ngin n									
	BLC	DCK 1					BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential:						-					
	<ul> <li>Service to first set</li> </ul>		280	59.99	Res. Ba	Res. Basic - Expand		602	####			
	<ul> <li>Service to additional set(s)</li> </ul>				Res. Expanded Plu		S	1,320	####			
	• FM radio (if separate rate)											
	Motel, hotel		6	9.95		asic - Expan		29	####			
	Commercial				Bus. Ex	kpanded Plu	S	78	####			
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	s							
-	In General: Space F calls for ra					all your cable sy	stem's serv	vices that were				
F	not covered in space E, that is,											
Services	service for a single fee. There as furnished at cost or (2) services	•	-		0		0 (	,				
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the					-		-				
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	<b>Block 2:</b> 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) descrip											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE			
	Continuing Services:		Installa	tion: Non-res	sidential							
	• Pay cable		• Mote	el, hotel		Time & Mat'l						
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Com	mercial		Time & Mat'l	НВО		17.9			
	Fire protection			cable			Cinema		13.9			
	•Burglar protection			cable-add'l c	hannel			me/TMC	15.9			
	Installation: Residential			protection			Starz		14.9			
	First set	Time & Mat'l	-	lar protectior	1		Playboy	/	14.9			
	Additional set(s)     EM radio (if separate rate)	Time & Mat'l		ervices:		75.00	Red Zo	no	43.9			
	• FM radio (if separate rate)			onnect		75.00	FS Wis					
	Converter			onnect		Time & Mat'l			39.5 39.5			
	• Converter		• Outl	onnect et relocation e to new add	ress	Time & Mat'l Time & Mat'l	Big Ter		39.5 39.5			

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM 61					
vame	Chequamegon Communications Coop. Inc.								
	PRIMARY TRANSMITTERS:	TELEVISION							
G rimary smitters: evision	<ul> <li>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, <i>except</i> (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.</li> <li>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:</li> <li>Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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</li> </ul>								
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o rrms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	tation, an independent station, or a for network multicast), "I" (for indepe r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station i	noncommercial endent), "I-M" onal multicast). s licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	КТСА	2	E	St. Paul, MN					
	KDHL-DT1	3.1	N-M	Duluth, MN					
vs as Necessary	KDLH-DT2	3.2	N-M	Duluth, MN					
	KDLH-DT3	3.3	N-M	Duluth, MN					
	KDLH-DT4	3.4	N-M	Duluth, MN					
	KDLH-DT6	3.6	N-M	Duluth, MN					
	KBJR	6.1	N	Duluth, MN					
	KBJR KBJR-DT2	6.1 6.2	N N						
				Duluth, MN					
	KBJR-DT2	6.2	N	Duluth, MN Duluth, MN					
	KBJR-DT2 KBJR-DT3	6.2 6.3	N N-M	Duluth, MN Duluth, MN Duluth, MN					
	KBJR-DT2 KBJR-DT3 KBJR-DT3	6.2 6.3 6.4	N N-M N-M	Duluth, MN Duluth, MN Duluth, MN Duluth, MN					
	KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE	6.2 6.3 6.4 8.1	N N-M N-M E	Duluth, MN         Duluth, MN         Duluth, MN         Duluth, MN         Duluth, MN         Duluth, MN					
	KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2	6.2 6.3 6.4 8.1 8.2	N N-M N-M E N-M	Duluth, MN					
	KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3	6.2 6.3 6.4 8.1 8.2 8.3	N N-M N-M E N-M N-M	Duluth, MN					
	KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4	6.2 6.3 6.4 8.1 8.2 8.3 8.4	N N-M N-M E N-M N-M N-M	Duluth, MN					
	KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5	6.2 6.3 6.4 8.1 8.2 8.3 8.4 8.5	N N-M N-M E N-M N-M N-M N-M	Duluth, MN					
	KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5 WDIO	6.2 6.3 6.4 8.1 8.2 8.3 8.3 8.4 8.5 10	N N-M E N-M N-M N-M N-M N-M N-M	Duluth, MN					
	KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2	6.2 6.3 6.4 8.1 8.2 8.3 8.3 8.4 8.5 10 10.2	N N-M N-M E N-M N-M N-M N-M N-M N-M	Duluth, MN					
	KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2 WQOW	6.2 6.3 6.4 8.1 8.2 8.3 8.4 8.5 10 10.2 18	N N-M N-M E N-M N-M N-M N-M N-M N N	Duluth, MN         La Crosse, WI					
	KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2 WQOW WHA	6.2 6.3 6.4 8.1 8.2 8.3 8.4 8.5 10 10.2 18 19	N N-M N-M E N-M N-M N-M N-M N N-M N N-M N N	Duluth, MN         Madison, WI					
	KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2 WQOW WHA KQDS	6.2 6.3 6.4 8.1 8.2 8.3 8.3 8.4 8.5 10 10.2 18 19 21.1	N N-M N-M E N-M N-M N-M N-M N-M N N N N N N N	Duluth, MN         Duluth, MN					

ccounting Period:	2021/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID				
Name	Chequamegon Communications Coop. Inc.							
	PRIMARY TRANSMITTERS:							
G	In General: In space G, ider carried by your cable system FCC rules and regulations ir	e basis under						
Primary Transmitters: Television	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program							
		• • •	ne Special Statement and Program Log	g)—if the				
	basis. For further information	o concerning substitute basis stations,	both on a substitute basis and also o see page (v) of the general instruction rogram services such as HBO, ESPN	IS.				
	"WETA-2" as the same on the <b>Column 2:</b> Give the channe	ne form. I number the FCC assigned to the tele	-air designation. For example, report vision station for broadcasting over the					
	of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by estating the latter "N" (for network) "NM" (for network multicast) "I" (for independent) "I M"							
	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. <b>Column 4:</b> 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				

EGAL NAME OF								SYSTEM II
Chequamegon Communications Coop. Inc.							615	
	every radio s	tation ca	rried on a separate and discre					н
II-band basis w	/hose signals	were ge	nerally receivable by your cab	le system during	the accounting	g period		
eceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a checl	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pag ed by the cable s	adend, and (2 nna, during ce ge (v) of the ge ystem as a se	) it can l ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
lexican or Can	adian stations		the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/2						FORM SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF						SYSTEM ID#				
Name	Chequamegon Comm	unication	s Coop. Inc.				61536				
-	SUBSTITUTE CARRIAGE	: SPECIA		IT AND PROGRAM LOG							
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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 STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant stat	ion?					YES NO				
	Note: If your answer is "No	', leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete th	ne program				
	log in block 2.										
	<ol> <li>LOG OF SUBSTITUTE PROGRAMS</li> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is</li> </ol>										
	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 "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can	ce, please of every no distant stai gulations, o ies like "mo Bulls." n was broa sign of the idcast statio adian statio	add additional onnetwork telev tion and that yc or authorization ovies" or "baske dcast live, ente station broadca on's location (th ons, if any, the	rows to the tables. rision program ("substitute our cable system substitute s. See page (v) of the gen etball." List specific program er "Yes." Otherwise enter "I asting the substitute program ne community to which the	program") th ed for the pro eral instruction m titles, for ex No." am. e station is lice station is ide	at, during the a gramming of ar ons for further ir kample, "I Love ensed by the F( ntified).	accounting nother station nformation. e Lucy" or CC or, in				
	first. Example: for May 7 giv	/e "5/7."		ogram was carried by your							
	to the nearest five minutes.										
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progr	omming that	vour evetor we	as required				
	to delete under FCC rules a			was substituted for progra uring the accounting period	-		-				
	was substituted for program	ming that									
	effect on October 19, 1976.										
	S	UBSTITUI	TE PROGRAM	I		N SUBSTITUT					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	S DELETION				
						-					
						_					
						_					
						_					
						_					
						_					

Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Chequamegon Communications Coop. Inc.			Ş	61536
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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	/stem's sec n of how to	condary transmi compute this a	ssion service mount, see \$ 39	90,414.00 ross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in RECOVE 1: CROSS RECEIPTS OF \$127	out less than formation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	ı must pay for thi	s six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,1	00)	-
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	390,414.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	126,614.00		
	4. Multiply line 3 by .01		\$	1,266.14	
	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		\$	2,585.14
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,585.14	
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			\$	2,605.14
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1				jhts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: Communications Coop. In	nc.			SYSTEM ID# 61536
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot	rs, and (2) the cable system's t al number of channels on which	total num th the call s ls		ng period.	32 386
N			HER INF	DRMATION IS NEEDED (Identify an individual	l to whom	
Individual to Be Contacted for Further	Name	about this statement of accour Robert C. Thompson			Telephone 7	15-798-3303
Information	Address	PO Box 67 (Number, street, rural route, apartm Cable, WI 54821 (City, town, state, zip)	ment, or su	te number)		
	Email	rthompson@nor	rvado.cc	m Fax	(optional	
	CERTIFICATION	(This statement of account mu	ust be ce	tified and signed in accordance with Copyrigh	t Office regulations)	
O Certification	(Owne		artnersh	<b>p)</b> I am the owner of the cable system as identifi		
		in line 1 of space B and that the	e owner i	artnership) I am the duly authorized agent of the s not a corporation or partnership; or ation) or a partner (if a partnership) of the legal e	-	
		d the statement of account and h ete, and correct to the best of my		clare under penalty of law that all statements of i ge, information, and belief, and are made in goo		
				/s/ Robert C. Thompson electronic signature on the line above to certify th nature using an "/s/ signature" (e.g., /s/ John Smit		
		Typed or printed	name:	Robert C. Thompson		
		Title: (Title	CFO the of officia	I position held in corporation or partnership)		
		Date:			2/18/22	

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unting Period: 2021/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
quamegon Communications Coop. Inc.	6153
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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 Assessmen
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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.

C	Car	ble rksheet	Total amount of remittance				
	vvoi	KSHEEL	Date of remittance	 □Check □EFT	☐FILING FEES		
Cable ID #					Amount Initials		
Examined by		Reviewed by	Date examination completed	Allocation number			
Space A Accounting Period							
	□Janua	ary 1 - June 30, 2017		]July 1 - December 31, 2017			
	Letter	sent		Information received			
		oted		Phone call/Date/Contact			
Space B Owner							
	Letter	rsent		]Information received			
		oted		Phone call/Date/Contact			
Space D Area Served							
	Letter	sent		Information received			
		oted		Phone call/Date/Contact			
Space E Secondary Transission							
Service Subscribers:	Letter	sent		Information received			
and Rates		oted		Phone call/Date/Contact			
Space G Primary Transmitters:							
Television	Letter	sent		Information received			
		oted	C	Phone call/Date/Contact			
Space H Primary Transmitters:							
Radio		oted	C	Phone call/Date/Contact			

		Space I Substitute 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	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
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	