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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:						
	ary Transmissions by	DATE RECEIVED	AMOUNT						
	ems (Short Form)			<u>coplicsoa@loc.gov</u>					
•			\$	For additional information, contact the U.S. Copyright					
-	ictions are located of this workbook	2/11/22	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150					
			ALLOCATION NOMBER	_					
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))						
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
	2021/2	1	·						
		I							
	20212	Barcode Data Filing Period (optional	- see instructions)						
Accounting Period									
	Instructions:								
В			sidiary of another corporation, give the full (corporate					
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	d submit a					
	single statement of account and royalty f	ee payment covering the entire account	nting period.						
	Check here if this is the system's first filin	g. If not, enter the system's ID number	r assigned by the Licensing Division.	62191					
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	1						
	Reedsburg Utility Commission								
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	T)						
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
	501 Utility Court (Number, street, rural route, apartment, or suite n	umber)							
	Reedsburg, WI 53959 (City, town, state, zip)								
	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to ide	entify the business and operation of t	he system unless these					
C	names already appear in space B. In line	2, give the mailing address of the	he system, if different from the addre	ess given in space B					
System	IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM	:							
	2 (Number, street, rural route, apartment, or suite n	umber)							
	(City, town, state, zip code)								
	נטווא, נטאוו, אמוס, צוף נטעפן								
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	e personally identifying information (PII) reque	ested on this					

Final of 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. P. SYSTEI				
Name						
	Reedsburg Utility Commission 621 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule					
_						
D	"a separate and distinct community or municipal entity (including unincorporated com	imunities within unincorporated areas and including sin				
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	will serve as a form of system identification hereafter k				
	as the "first community." Please use it as the first community on all future filings.					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the				
Served	identified city.					
	CITY OR TOWN	STATE				
First	Reedsburg	WI				
Community	Loganville	WI				
	Wisconsin Dells	WI				
Add Rows as Necessary	Lake Delton	WI				
	Baraboo	WI				
	Spring Green	WI				
	Lyndon Station	WI				
	Lime Ridge	WI				

T		FORM SA1-2E. PAGE									
Name	LEGAL NAME OF OWNER OF C		:					515	6219		
	Reedsburg Utility Commission										
	SECONDARY TRANSMISSION										
	In General: The information in s system, that is, the retransmission			-		•					
	about other services (including p										
	last day of the accounting period										
rvice: Sub- ribers and	Number of Subscribers: Both	•					-				
	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										
	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 cl	-	-					-			
	unit in which it is generally billed. category, but do not include disc	· ·		,		ard rate variation	is within a	particular rate			
	Block 1: In the left-hand block					condary transmis	ssion servi	ce that cable			
	systems most commonly provide	e to their subso	ribers.	Give the numb	er of subse	cribers and rate	for each lis	sted category			
	that applies to your system. Note			-		-					
	categories, that person or entity subscriber who pays extra for ca						•				
	first set" and would be counted o										
	Block 2: If your cable system I	-		•							
	printed in block 1 (for example, ti						,.				
	with the number of subscribers and rates, in the right-hand block. A two- or three-word descript sufficient.							service is			
		LOCK 1 BLOCK 2						ζ2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI		
-	Residential:	CODOCIND	LIKO	TUTE	0,111		(IIICE	COBCORIBEIRO	1011		
	 Service to first set 		1,362	29.95	Prime			848	90.9		
	 Service to additional set(s) 		336	6.95	Max			287	99.9		
	• FM radio (if separate rate)										
	Motel, hotel		2	505.00							
	Commercial		62	28.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S						
F	In General: Space F calls for rat	te (not subscril	ber) info	ormation with re	espect to a	all your cable sys	stem's serv	vices that were			
_	not covered in space E, that is, the										
	service for a single fee. There are furnished at cost or (2) 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.										
nsmissions: Rates	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	CATE	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res	sidential						
	• Pay cable			itel, hotel		85.00					
	• Pay cable—add'l channel			mmercial		85.00					
	Fire protection			y cable							
	 Burglar protection Installation: Residential 			y cable-add'l cl e protection	annei						
	First set	65.00		rglar protection							
		05.00		•							
						25.00					
	· · · /					_0.00					
				tlet relocation							
			-		ress						
	 Additional set(s) FM radio (if separate rate) Converter 		• Re • Dis • Ou	services: connect connect tlet relocation ve to new add	ress	25.00					

	T							
ame	LEGAL NAME OF OWNER OF			SYSTEM ID				
	Reedsburg Utility Co			62191				
G imary smitters: avision	 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, <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. 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 <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. 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. <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 "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 multic							
	1. CALL SIGN							
	WISC-DTV	50	N	MADISON, WI				
	WKOW	27						
		Z 1	N	MADISON, WI				
as Necessary	WKOW-R	27.2	N.M					
as Necessary			N-M	MADISON, WI MADISON, WI MADISON, WI				
Necessary	WKOW-R	27.2 15		MADISON, WI MADISON, WI				
Necessary	WKOW-R WMTV	27.2	N-M N	MADISON, WI MADISON, WI MADISON, WI				
Necessary	WKOW-R WMTV WMSN	27.2 15 47	N-M N N	MADISON, WI MADISON, WI MADISON, WI MADISON, WI				
Necessary	WKOW-R WMTV WMSN WBUW WISC-UPN	27.2 15 47 57	N-M N N	MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI				
Necessary	WKOW-R WMTV WMSN WBUW WISC-UPN WRPQ	27.2 15 47 57 50 43	N-M N N	MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI				
Necessary	WKOW-R WMTV WMSN WBUW WISC-UPN WRPQ WHA	27.2 15 47 57 50 43 21	N-M N N N I I I I	MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI				
Necessary	WKOW-R WMTV WMSN WBUW WISC-UPN WRPQ WHA WHA	27.2 15 47 57 50 43 21 21.3	N-M N N N I I I I I N-M	MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI				
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as Necessary	WKOW-R WMTV WMSN WBUW WISC-UPN WRPQ WHA WHA WHA WMSN	27.2 15 47 57 50 43 21 21.3 47.2 47.3	N-M N N N 1 1 1 1 1 1 N-M N-M N-M	MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI				
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Reedsburg	Utility Com	missio	n					SYSTEM 62′
n General: Lis		tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed inf aper SA1-2 fo Column 1: I Column 2: S Column 3: I ignal, indicate Column 4: C) it is carried by monitoring, to formation about mm. dentify the call State whether t f the radio stati this by placing Give the station	/ the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,2				2,0		
	· · · · · · · · · · · · · · · · · · ·							

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID
Name	Reedsburg Utility Con							6219
	SUBSTITUTE CARRIAG	E: SPECIAL	L STATEME	NT AND PROGRAM L	OG			
	In General: In space I, ident	-	-			tion. that vo	our cable sv	stem carried on a
	substitute basis during the a	accounting per	riod, under sp	ecific present and former	FCC rules, reg	ulations, or	authorizatio	ons. For a further
	explanation of the programm				the general in	structions ir	the paper s	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	r cable syster	n carry, on a substitute l	asis, any noni	network tel	evision proo	
	broadcast by a distant station?							
	Note: If your answer is "No log in block 2.	o", leave the re	rest of this pa	ge blank. If your answei	is "Yes," you	must comp	lete the pro	gram
	In General: List each subs 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 categou "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	ace, please ac e of every nonia distant static egulations, or ries like "movi . Bulls." m was broadc sign of the st adcast station nadian station nth and day w ive "5/7."	add additional anetwork tele on and that y authorization vies" or "bask cast live, enter tation broadco n's location (f ns, if any, the when your sy substitute pro-	rows to the tables. vision program ("substitu our cable system substitu ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter asting the substitute pro the community to which scommunity with which to stem carried the substitute ogram was carried by yo	te program") t uted for the pr eneral instruct ram titles, for o r "No." gram. he station is li he station is li he station is li te program. U ur cable syste	hat, during ogramming ions for fur example, "I censed by entified). se numeral m. List the	the accoun of another ther informa Love Lucy' the FCC or ls, with the times accu	ting station ation. ' or , in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program offact on October 10, 1076	ter "R" if the li and regulatior mming that yo	ons in effect d	uring the accounting per	iod; enter the	letter "P" if	the listed p	
	Column 7: Enter the lett to delete under FCC rules a	ter "R" if the li and regulatior mming that yo	ons in effect d	uring the accounting per	iod; enter the ider FCC rules	letter "P" if	the listed plations in	
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Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Reedsburg Utility Commission				8YSTEM ID# 62191
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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 receipt	em's seco	ondary transmi compute this a	ission service amount, see \$ 40	
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 I • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I See page (vi) of the general instructions located in the paper SA1-2 form for more infor	less than rmation.	\$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	e that you	I must pay for t	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	1 and 2 .			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS ((but more	e 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	· · · · · · · · · <u>_</u>			
	5. Enter the amount from line 3	<u>.</u>			
	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	d 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	0 (but le	ss than \$527,	600)	
	1. Enter the amount of gross receipts from space K		466,699.00		
	2. Base amount under statutory formula	:	263,800.00		
	3. Subtract line 2 from line 1	:	202,899.00		
	4. Multiply line 3 by .01		\$	2,028.99	
	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		\$	3,347.99
	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)	· · · · · · <u> </u>	\$	3,347.99	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \ldots	· · · · · · - <u>-</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[\$	3,367.99
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 fo		-		ghts!

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: Iity Commission		SYSTEM ID# 62191
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's t I number of channels on whic television broadcast stations I number of activated channel able system carried television	ls	14 210
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Roxi Hacker	Telephone	320-848-6641
	Address	130 Birch Ave W (Number, street, rural route, apart Hector, MN 55342 (City, town, state, zip)	ment, or suite number)	
	Email	roxih@intersta	tetelcom.com Fax (optional)	
O Certification	I, the undersigned (Owne (Agenting (Afficial (Official ())) (In the second of t	ed, hereby certify that (Check or er other than corporation or p t of owner other than corpor line 1 of space B and that the or er or partner) I am an officer line 1 of space B. d the statement of account and e, and correct to the best of m	Substitue to the certified and signed in accordance with Copyright Office regulations) one, but only one, of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of space ation or partnership) I am the duly authorized agent of the owner of the cable owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified as owner is not a corporation, and belief, and are made in good faith. X /s/ Brett H. Schuppner	system as identified wner of the cable system
		Typed or printer Title: (Title of o Date:	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) d name: Brett Schuppner General Manager Micial position held in corporation or partnership) 02/11/2022	

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 fing, a determination that would be made by a court of law.

ccounting Period: 2021/	/2			FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER O	OF CABLE SYSTEM:			SYSTEM ID
eedsburg Utility Co	ommission			6219 ⁻
SPECIAL STATI The Satellite Home V lowing sentence: "In determinin service of pro- scribers and a For more information located in the paper During the accountin made by satellite can X NO	EMENT CONCERNING GROSS REC Viewer Act of 1988 amended Title 17, sectior ng the total number of subscribers and the gr oviding secondary transmissions of primary b amounts collected from subscribers receiving n on when to exclude these amounts, see the	n 111(d)(1)(A), of the (oss amounts paid to the roadcast transmitters, g secondary transmiss e note on page (vii) of amounts of gross rece	Copyright Act by adding the fol- he cable system for the basic the system shall not include sub- sions pursuant to section 119." the general instructions ipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address		
INTEREST ASS	ESSMENT			
For an explanation o	this worksheet for those royalty payments sul of interest assessment, see page (viii) of the g nount of late payment or underpayment	general instructions lo	cated in the paper SA1-2 form.	Q Interest Assessment
Line 2 Multiply line	1 by the interest rate* and enter the sum her	e		
Line 3 Multiply line	2 by the number of days late and enter the s	um here	xdays 	
	3 by 0.00274** and enter here page 6) block 1, line 2, or block 2 line 8, or bl	ock 3 line 6	(interest charge)	
	erest rate chart click on <i>www.copyright.gov/li</i> ensing Division at (202) 707-8150 or licensing		odf. For further assistance please	
** This is the dec	cimal equivalent of 1/365, which is the interes	t assessment for one	day late.	
	ng this worksheet covering a statement of acc , address, first community served, ID number			
Owner Address				
ID number First community serv Accounting period	ved			

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