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					
1/6/2022	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (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							
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						
	Coon Valley Telecommunications Inc						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	105 Central Ave, PO Box 398 (Number, street, rural route, apartment, or suite number)						
	Coon Valley, WI 54623						
	(City, town, state, zip)						
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ames 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 Coon Valley Telecommunications Inc						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 105 Central Ave, PO Box 398 (Number, street, rural route, apartment, or suite number)						
	Coon Valley, WI 54623 (City, town, state, zip code)						

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

Accounting Period:	2021/2						
	T 05 000050 05 000 5 00050	FORM SA1-2E. PAGE 1b. SYSTEM ID#					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
	Coon Valley Telecommunications Inc	63388					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known as the "first community." Please use it as the first community on all future fillings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified						
Served	city.						
Final	CITY OR TOWN	STATE WI					
First Community	Coon Valley Chaseburg	WI					
Community	Stoddard	WI					
Add Davis as Navasas	LaCrosse	WI					
Add Rows as Necessary	Bangor	WI					
	Rockland	WI					
	Cashton	WI					
	Ousiton						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63388

Coon Valley Telecommunications Inc

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	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	883	24.95	Basic	285	70.95
Service to additional set(s)	1,155	4.00	Expanded	518	78.95
• FM radio (if separate rate)			Local Only	67	24.95
Motel, hotel					
Commercial	13	70.95			
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 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Coon Valley Telecommunications Inc

SYSTEM ID# 63388

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
WKBT	8	N	LaCrosse
My TV WKBT-DT2	9	I-M	LaCrosse
Decades(WXOW-DT2)	10	N-M	LaCrosse
This TV WXOW DT3	12	N-M	LaCrosse
NBC (WEAU)	13	N	Eau Claire
ABC-WXOW	19	N	LaCrosse
Cozy (WEAU-DT2)	20	N-M	Eau Claire
Me TV (WEAU DT3	21	N-M	Eau Claire
Movies-WEAU DT4	22	N-M	Eau Claire
Antenna WLAX DT2	24	N-M	LaCrosse
Fox (WLAX)	25	N	LaCrosse
CW-WEAU DT5	26	N-M	Eau Claire
Create-WHLA DT3	27	N-M	LaCrosse
WIS-WHLA DT2	28	N	LaCrosse
PBS-WHLA	31	N	LaCrosse
WLAX Laff	61	N-M	LaCrosse
WLAX Grit	62	N-M	LaCrosse
WXOW-Court TV	63	N-M	LaCrosse
WXOW-Justice	64	N-M	LaCrosse
KQEG-UPN	23	l	LaCrosse

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Coon Valley Telecommunications Inc

63388

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
3, 122 01011	7 31 1 111	5/10		5. 122 51514	7 31 1 141	5,0	
			 			 	
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Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF O	ADI E QVQTI	EM:					FOF	RM SA1-2E. PAGE 5.
Name	Coon Valley Telecomm								SYSTEM ID# 63388
	SUBSTITUTE CARRIAGE	: SPECIAI	_ STATEMEN	T AND PROGRAM LOG	,				
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC	CC i	rules, regula	itions, or au	thorizations.	For a further
Carriage:	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any poppetwork television program.								
Special									m
Statement and Program Log									
	Note: If your answer is "No."		rest of this pag	e blank. If vour answer is	"Y	es." vou mu	- st complet		
	log in block 2.		1 3	,		, ,	•	1 3	
	2. LOG OF SUBSTITUTE	PROGRAI	MS						
	In General: List each substi				wh	nerever pos	sible, if the	ir meaning i	s
	clear. If you need more space Column 1: Give the title of				pro	ogram") tha	t. durina th	e accountin	a
	period, was broadcast by a	distant stati	on and that you	ır cable system substitute	ed f	for the prog	ramming o	f another sta	ation
	under certain FCC rules, reg	,		10 ()					
	Do not use general categori "NBA Basketball: 76ers vs. I		ies of baske	ıbalı. List specilic progra	m t	illes, for ex	ample, i Li	ove Lucy of	
	Column 2: If the program								
	Column 3: Give the call s Column 4: Give the broa	•					need by the	FCC or in	
	the case of Mexican or Cana							5 1 00 or, iii	
	Column 5: Give the mont	•	when your syst	em carried the substitute	pro	ogram. Use	numerals,	with the mo	nth
	first. Example: for May 7 given Column 6: State the time		substitute prod	ram was carried by your	ca	ble svstem.	List the tin	nes accurate	elv
	to the nearest five minutes.					•			,
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	r "D" if the l	icted program	was substituted for progr	am	ming that v	our evetom	was require	ad .
	to delete under FCC rules a						-	•	
	was substituted for program	•		0.	-				
	effect on October 19, 1976.								
	WHEN SUBSTITUTE								
	S	UBSTITUT	E PROGRAM		_	CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	_	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
					-4				
					_				
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Accounting Period: 2	2021/2	FORM S.	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	s	YSTEM ID#
	Coon Valley Telecommunications Inc		63388
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this are 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.	ssion service mount, see	9,168.00 pss receipts)
	COPYRIGHT ROYALTY FEE		
Copyright Royalty Fee	 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 \$26 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. 	63,800.	
	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 this accounting period is \$52.00.	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 lines 1 and 2	- <u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
		59,168.00	
	<u> </u>	04,632.00	
		54,536.00	
	7. Multiply line 6 by .005 (enter figure here)	\$	272.68
	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	\$	272.68
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	· · · · · · · · · · · · · · · · · · ·		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 040 00	
	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		
	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)	272.68	
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	\$	292.68
	EFT Trace # or TRANSACTION ID # 76187445800		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of 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		DWNER OF CABLE SYSTEM: elecommunications Inc		SYSTEM ID# 63388
M Channels	to its subscribe	rs, and (2) the cable system's	of channels on which the cable system carried television broadcast stations total number of activated channels during the accounting period.	21
	on which the	al number of activated chann cable system carried televisi dcast services	on broadcast stations	257
N Individual to Be Contacted		O BE CONTACTED IF FURT about this statement of acco	HER INFORMATION IS NEEDED (Identify an individual unt.)	
for Further Information	Name	Carol Olson		608-452-3101
	Address 	105 Central Ave, PO (Number, street, rural route, apar Coon Valley, Wi 546 (City, town, state, zip)	ment, or suite number)	
	Email	cvt@mwt.net	Fax (optional 608-452-310	0
0	CERTIFICATION	(This statement of account m	ust be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned	ed, hereby certify that (Check o	ne, but only one, of the boxes.)	
	(Owne	er other than corporation or p	partnership) I am the owner of the cable system as identified in line 1 of space E	3; or
		in line 1 of space B and that the	ation or partnership) I am the duly authorized agent of the owner of the cable some owner is not a corporation or partnership; or	
		in line 1 of space B.	if a corporation) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
		ete, and correct to the best of n	hereby declare under penalty of law that all statements of fact contained herein ny knowledge, information, and belief, and are made in good faith.	
			X "/s/Carol Olson	
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	d name: Carol Ann Olson	
		Title:	Secretary-Treasurer tle of official position held in corporation or partnership)	
		Date:	1/6/2022	

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counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
oon Valley Telecommunications Inc	63388
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not includ scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11 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 transmiss made by satellite carriers to satellite dish owners?	ic e sub- 9." Special Statement Concerning Gross Receipts Exclusion
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 underpay. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
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	_
	days
X	uays
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
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	
(interest char	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance p contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	lease
** 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, p list below the owner, address, first community served, ID number, and accounting period as given in the original fill	
Owner	
Address	
ID number	
First community served	
Accounting period	

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