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 by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

STATEMENT OF ACCOUNT	
for Secondary Transmissions by	

Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT (OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/26/2020	\$ ALLOCATION NUMBER

Α	ACCO	DUNTING 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
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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)
	1	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name		
	Community Antenna Systems, Inc. Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hour identified city.	ome parks should be reported in parentheses below the
First	CITY OR TOWN	STATE
Community		
	Elroy	WI
Add Rows as Necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA							515	141
	Community Antenna Sy	stems, inc.							171
Е	SECONDARY TRANSMISSION	SERVICE: SL	BSCR	IBERS AND RA	ATES				
–	In General: The information in s								
Secondary	system, that is, the retransmissic about other services (including p								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both	blocks in spa	ce E ca	Il for the numbe	er of subsc	ribers to the cab			
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular service							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count une	der "Servic	e to the	
	first set" and would be counted o					convice that are	difforant fr	om those	
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				1	-			
	BLC	DCK 1 NO. OF					BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		106	106.93mth	service	e to 1st set		29	44.31
	 Service to additional set(s) 		56	\$1.25/mth					
	• FM radio (if separate rate)								
	Motel, hotel		1	14.00mth					
	Commercial		5	106.93mth					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		5				
-	In General: Space F calls for rat					ll your cable syst	em's servi	ces that were	
F	not covered in space E, that is, th								
Comilana	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		uouuny	billed. If dify fd				ogram baolo,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	these other serv	ices in the	IOTTI OF A	
	CATEGORY OF SERVICE	BLO RATE				RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	NATE		GORY OF SER ation: Non-res		NATE	CATEG	DRT OF SERVICE	NAT
	Pay cable			tel, hotel	aentiai				
	• Pay cable—add'l channel	8.65mth		mmercial					
	Fire protection		-	y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	\$40.00		rglar protection					
	Additional set(s)	\$15.00		services:					
	• FM radio (if separate rate)	÷		connect		\$25.00			
	Converter			sconnect		+_3.00			
			• 🕛	tlet relocation		\$25.00			
				tlet relocation	ess	\$25.00 \$25.00			

	•			
Name	LEGAL NAME OF OWNER OF			SYSTEM I
	Community Antenna			14
G	carried by your cable system	TELEVISION entify every television station (including tr m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the	(1) stations carried only on a part	t-time basis under
Primary ansmitters: elevision	76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. With respect to any distant stations car ules, regulations, or authorizations:	1(e)(2) and (4))]; and (2) certain st	tations carried on a
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (the		
	basis. For further informatic Column 1: List each station multicast stream associated	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	see page (v) of the general instruc rogram services such as HBO, ES	ctions. SPN, etc. Identify each
	of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network s	station, an independent station, or	a noncommercial
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t idian stations, if any, give the name of the	or network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" ational multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	wisc	3	Ν	A
	WISC	3		Madison, Wi
	WISC.2	3.2	N-M	Madison, Wi Madison, Wi
ows as Necessary				
ows as Necessary	WISC.2	3.2	N-M	Madison, Wi
ows as Necessary	WISC.2 WISC.3	3.2 3.3	N-M N-M	Madison, Wi madison, Wi
ows as Necessary	WISC.2 WISC.3 WKBT	3.2 3.3 8	N-M N-M N	Madison, Wi madison, Wi La Crosse, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2	3.2 3.3 8 8.2	N-M N-M N N-M	Madison, Wi madison, Wi La Crosse, WI Ia Crosse, WI
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3	3.2 3.3 8 8.2 8.3	N-M N-M N N-M N-M	Madison, Wi madison, Wi La Crosse, WI la Crosse, WI La Crosse, WI
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4	3.2 3.3 8 8.2 8.3 8.4	N-M N-M N-M N-M N-M	Madison, Wi madison, Wi La Crosse, WI la Crosse, WI La Crosse, WI La Crosse, WI
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU	3.2 3.3 8 8.2 8.3 8.4 13	N-M N-M N N-M N-M N-M N-M	Madison, Wi madison, Wi La Crosse, WI la Crosse, WI La Crosse, WI La Crosse, WI Eau Claire, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU WEAU.2	3.2 3.3 8 8.2 8.3 8.4 13 13.2	N-M N-M N-M N-M N-M N-M N-M	Madison, Wi madison, Wi La Crosse, WI la Crosse, WI La Crosse, WI La Crosse, WI Eau Claire, Wi Eau Claire, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU WEAU.2 WEAU.3	3.2 3.3 8 8 8.2 8.3 8.4 13 13.2 13.3	N-M N-M N N-M N-M N-M N N-M N-M	Madison, Wi madison, Wi La Crosse, WI la Crosse, WI La Crosse, WI La Crosse, WI Eau Claire, Wi Eau Claire, Wi Eau Claire, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU WEAU.2 WEAU.3 WEAU.4	3.2 3.3 8 8 8.2 8.3 8.4 13 13.2 13.3 13.4	N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, Wi madison, Wi La Crosse, WI Ia Crosse, WI La Crosse, WI La Crosse, WI Eau Claire, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU WEAU.2 WEAU.2 WEAU.3 WEAU.4 WEAU.5	3.2 3.3 8 8 8.2 8.3 8.4 13 13.2 13.3 13.4 13.5	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, Wi madison, Wi La Crosse, WI la Crosse, WI La Crosse, WI La Crosse, WI Eau Claire, Wi Eau Claire, Wi Eau Claire, Wi Eau Claire, Wi Eau Claire, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU WEAU.2 WEAU.2 WEAU.3 WEAU.4 WEAU.5 WHA	3.2 3.3 8 8 8.2 8.3 8.4 13 13.2 13.3 13.4 13.5 21	N-M N-M N N-M N-M N-M N-M N-M N-M N-M N-	Madison, Wi madison, Wi La Crosse, WI la Crosse, WI La Crosse, WI La Crosse, WI Eau Claire, Wi Madison, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU WEAU.2 WEAU.2 WEAU.3 WEAU.4 WEAU.5 WHA WHA.2	3.2 3.3 8 8 8.2 8.3 8.4 13 13.2 13.3 13.4 13.5 21 21.2	N-M N-M N N-M N-M N-M N-M N-M N-M N-M E E E	Madison, Wi madison, Wi La Crosse, WI Ia Crosse, WI La Crosse, WI La Crosse, WI Eau Claire, Wi Madison, Wi Madison, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU WEAU.2 WEAU.2 WEAU.3 WEAU.4 WEAU.5 WHA WHA.2 WHA.3	3.2 3.3 3.3 8 8 8.2 8.3 8.4 13 13.2 13.3 13.4 13.5 21 21.2 21.3	N-M N-M N N-M N-M N-M N-M N-M N-M N-M E E E-M E-M	Madison, Wi madison, Wi La Crosse, WI Eau Claire, Wi Madison, Wi Madison, Wi Madison, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU WEAU.2 WEAU.2 WEAU.3 WEAU.4 WEAU.5 WHA WHA.2 WHA.3 WHA.4	3.2 3.3 8 8 8.2 8.3 8.4 13 13.2 13.3 13.4 13.5 21 21.2 21.3 21.4	N-M N-M N N-M N-M N-M N-M N-M N-M N-M N-	Madison, Wi madison, Wi La Crosse, WI Ia Crosse, WI La Crosse, WI La Crosse, WI La Crosse, WI Eau Claire, Wi Bau Claire, Wi Madison, Wi Madison, Wi Madison, Wi Madison, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU.4 WEAU.2 WEAU.3 WEAU.4 WEAU.5 WHA WHA.2 WHA.2 WHA.3 WHA.4 WKOW	3.2 3.3 3.3 8 8 8.2 8.3 8.4 13 13.2 13.3 13.4 13.5 21 21.2 21.2 21.3 21.4 27	N-M N-M N N-M N-M N-M N-M N-M N-M E E E E-M E-M E-M E-M N	Madison, Wimadison, WiLa Crosse, WIIa Crosse, WILa Crosse, WILa Crosse, WILa Crosse, WIEau Claire, WiEau Claire, WiEau Claire, WiEau Claire, WiEau Claire, WiBau Claire, WiMadison, WiMadison, WiMadison, WiMadison, WiMadison, WiMadison, WiMadison, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU WEAU.2 WEAU.2 WEAU.3 WEAU.4 WEAU.5 WHA WHA.2 WHA.2 WHA.3 WHA.4 WKOW	3.2 3.3 8 8 8.2 8.3 8.4 13 13.2 13.3 13.4 13.5 21 21.2 21.3 21.4 27 27.2	N-M N-M N N-M N-M N-M N-M N-M N-M E E E-M E-M E-M E-M E-M N N-M	Madison, Wimadison, WiLa Crosse, WIIa Crosse, WILa Crosse, WILa Crosse, WILa Crosse, WIEau Claire, WiEau Claire, WiEau Claire, WiEau Claire, WiEau Claire, WiBau Claire, WiMadison, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU WEAU.2 WEAU.2 WEAU.3 WEAU.4 WEAU.5 WHA WHA.2 WHA.2 WHA.3 WHA.4 WKOW.2 WKOW.2	3.2 3.3 3.3 8 8 8.2 8.3 8.4 13 13.2 13.3 13.4 13.5 21 21.2 21.3 21.4 27 27.2 27.3	N-M N-M N-M N-M N-M N-M N-M N-M N-M E E E E E E M E E N N-M N-M	Madison, Wimadison, WiLa Crosse, WIIa Crosse, WILa Crosse, WILa Crosse, WILa Crosse, WIEau Claire, WiEau Claire, WiEau Claire, WiEau Claire, WiEau Claire, WiBau Claire, WiMadison, Wi
ows as Necessary	WISC.2 WISC.3 WKBT WKBT.2 WKBT.3 WKBT.4 WEAU WEAU.2 WEAU.2 WEAU.3 WEAU.4 WEAU.5 WHA WHA.2 WHA.2 WHA.3 WHA.4 WHA.3 WHA.4 WKOW.2 WKOW.2	3.2 3.3 8 8 8.2 8.3 8.4 13 13.2 13.3 13.4 13.5 21 21.2 21.3 21.3 21.4 27 27.2 27.3 27.4	N-M N-M N N-M N-M N-M N-M N-M N-M N-M E E E-M E-M E-M E-M E-M N N-M N-M	Madison, Wimadison, WiLa Crosse, WIIa Crosse, WILa Crosse, WILa Crosse, WILa Crosse, WIEau Claire, WiEau Claire, WiEau Claire, WiEau Claire, WiEau Claire, WiBau Claire, WiMadison, Wi

Accounting P	Period: 2020	/1					FORM	I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID#
Community	Antenna S	ystems	5, INC.					141 [,]
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried b monitoring, to prmation about rm. dentify the cal state whether the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under C stem 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 k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain si jeneral i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
Mexican or Can	adian station	s, if any,	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	
			N / A					

	d: 2020/1						FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Community Antenna S	Systems, I	Inc.					1411
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LOO	3			
	In General: In space I, identi	-	-			ion that you	ır cable syste	em carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	ır cable system	carry, on a substitute basis	s, any nonnet	twork televi	sion progran	n
Statement and	broadcast by a distant sta	-	2				YES	× NO
Program Log	,						-	
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			to line. Lice obbroviations v	whorovor pos	ciblo if thoi	r mooning is	
	In General: List each subst clear. If you need more spa				vilerever pos		i meaning is	5
				ision program ("substitute p	program") tha	t, during the	e accounting	3
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substituted	d for the prog	ramming of	another sta	tion
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lo	ove Lucy" or	
			dcast live ente	r "Yes." Otherwise enter "N	o."			
				sting the substitute program				
	Column 4: Give the broa	adcast static	on's location (th	e community to which the	station is lice	nsed by the	FCC or, in	
	the case of Mexican or Can	adian statio	ons, if any, the	community with which the s	station is iden	itified).		
			when your sys	tem carried the substitute p	orogram. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv					1 int the a time		.h.,
	to the nearest five minutes.			gram was carried by your o				ery
	stated as "6:00–6:30 p.m."	Example. a	a program cam		0 p.m. to 0.2	0.00 p.m. 3		
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	ed
	to delete under FCC rules a							ram
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulation	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	ITUTE	
	S	UBSTITUT	E PROGRAM	1		N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	

Accounting Period:	2020/1 FC	RM SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Community Antenna Systems, Inc.	1411
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 to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission se (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	rvice
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 \$263,800 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.	
	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 six-m accounting period is \$52.00	ion'
	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 \$137,100)	
	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 less than \$527,600)	
	1. 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	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	.00
200	2. Filing Fee (See the instructions for more information on filing fee calculations)	.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 of Copy See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more infor	

Name Co M Channels C Channels C C Channels C C Channels C C C C C C C C C C C C C C C C C C C	CHANNELS Instructions: Y o its subscriber I. Enter the tota system carried 2. Enter the tota on which the co and nonbroad NDIVIDUAL TO	rs, and (2) the cable syste al number of channels on d television broadcast sta al number of activated cha cable system carried televicast services	aber of channer em's total num which the cal tions annels rision broadca 	mber of a able cast statio		SYSTEM ID# 1411 35 91
M In Channels 1. 2. 3 N Individual to Be Contacted for Further Information 4 E	nstructions: Y o its subscriber I. Enter the tota system carried P. Enter the tota on which the c and nonbroad NDIVIDUAL TO ve can contact Name	rs, and (2) the cable syste al number of channels on d television broadcast sta al number of activated cha cable system carried televicast services	em's total num which the cal tions annels rision broadca 	mber of a able cast statio	activated channels during the accounting period.	
N Individual to Be Contacted for Further Information A E	NDIVIDUAL TO ve can contact Name	D BE CONTACTED IF Fi about this statement of a Randall Kubarsk	JRTHER INF ccount.)			
Individual to Be Contacted for Further Information E CE	Name	Randall Kubarsk				
е О	Address				Telephone	608-489-2321
0 CE		1010 Lake Street (Number, street, rural route Hillsboro, WI 546	, apartment, or s	suite numl	ber)	
0	Email	(City, town, state, zip)	comantenna.	a.com	Fax (optional) 608-489-2321	
Certification • I	I, the undersign	ed, hereby certify that (Ch	eck one, <i>but o</i>	only one ,	and signed in accordance with Copyright Office regulations) of the boxes.) the owner of the cable system as identified in line 1 of space B; c	or
	in X (Offic in	n line 1 of space B and that cer or partner) I am an off n line 1 of space B.	the owner is r	not a cor	ship) I am the duly authorized agent of the owner of the cable system poration or partnership; or or a partner (if a partnership) of the legal entity identified as owner nder penalty of law that all statements of fact contained herein	
ar	are true, complet				mation, and belief, and are made in good faith.	
				an electro	Randall Kubarski onic signature on the line above to certify this statement. using an "/s/ signature" (e.g., /s/ John Smith)	
			rinted name:		ndall Kubarski	
		Title: (T Date:		sident osition held	in corporation or partnership) August 19, 2020	

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 the 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 telephon 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 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 t 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

unting Period: 2020/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
imunity Antenna Systems, Inc.	141
 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." 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 	P Special Statement Concerning Gross Receipts Exclusion
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 Assessmen
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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