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							
8/23/2022	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Δ	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
'`	ACCOUNTING PERIOD COVERED BY THIS CYALEMENT. (TTTT/(FERIOD))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20202 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Union Information Systems
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 96
	(Number, street, rural route, apartment, or suite number) Plainfield, WI 54966
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	IDENTIFICATION OF CABLE SYSTEM:
	1
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(Manusor, Susse, Auta-Found, of Suite Hulling)
	(City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name	Union Information Systems	633
	Instructions: List each separate community served by the cable system. A "community	
D	separate and distinct community or municipal entity (including unincorporated comm	
U	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv	ve as a form of system identification hereafter known as the "f
	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	ome parks should be reported in parentheses below the identi-
Served	city.	
	CITY OR TOWN	STATE
First	Almond	WI
Community	Buena Vista	WI
	Plainfield	WI
Rows as Necessary	Almond Village	WI
	Oasis	WI
	Hancock	WI
	Coloma	WI
	Lanark	WI
	Pine Grove	WI
	Belmont	WI
	Richfield	WI
	Colburn	WI
	Grant	WI
	Leola	WI
	Coloma Village	WI
	Hancock Village	WI
	Richford	WI
	Plainfield Village	WI
	Deerfield	WI
	Rose	WI

Accounting Period: 2020/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Union Information Systems

SYSTEM ID# 63390

FORM SA1-2E. PAGE 2

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 	628	39.95	Expanded	374	94.95		
Service to additional set(s)	416	4.95	Basic	206	84.95		
• FM radio (if separate rate)			HD	136	11.95		
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		1					

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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel	25.00	Replacement Remote	25.00	
Pay cable—add'l channel		Commercial	25.00	Service Call	30.00	
Fire protection		• Pay cable		Local Starion Fee	13.00	
•Burglar protection		Pay cable-add'l channel		Broadband Access Ch	12.50	
Installation: Residential		Fire protection				
• First set	25.00	Burglar protection				
Additional set(s)	4.95	Other services:		Service Call	30.00	
• FM radio (if separate rate)		Reconnect	19.00	DVR	9.95	
Converter		Disconnect				
		Outlet relocation	25.00			
		Move to new address				

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM:

63390

Name

Primary Transmitters:

Television

Union Information Systems

PRIMARY TRANSMITTERS: TELEVISION

G

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
WACY	32	N	GREEN BAY/APPLETON, WI
WACW	9.1	N	WAUSAU/RHINELANDER, WI
WACW	9.2	N	WAUSAU/RHINELANDER, WI
WACW	9.3	N	WAUSAU/RHINELANDER, WI
WBAY	2.1	N	GREEN BAY/APPLETON, WI
WBAY	2.2	N	GREEN BAY/APPLETON, WI
WFRV	5	N	GREEN BAY/APPLETON, WI
WGBA	26	N	GREEN BAY/APPLETON, WI
WHRM	20.1	N	WAUSAU/RHINELANDER, WI
WHRM	20.2	N	WAUSAU/RHINELANDER, WI
WHRM	20.3	N	WAUSAU/RHINELANDER, WI
WHRM	20.4	N	WAUSAU/RHINELANDER, WI
WIWB	14	l	GREEN BAY/APPLETON, WI
WLUK	11	N	GREEN BAY/APPLETON, WI
WSAW	7.1	N	WAUSAU/RHINELANDER, WI
WSAW	7.2	N	WAUSAU/RHINELANDER, WI
WSAW	7.3	N	WAUSAU/RHINELANDER, WI
WSAW	55	N	WAUSAU/RHINELANDER, WI

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63390

Union Information Systems

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

Н

Primary Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period. 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.

- 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
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Accounting Perio		A D. E 0.40 T						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF OUT OUT OF OUT OUT OF OUT OUT OF OUT		EM:						SYSTEM ID# 63390
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carries substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fexplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form								For a further
Carriage: Special Statement and Program Log	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."								NO m
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the nd regulation ming that y	listed program ons in effect du	was substituted for prog ring the accounting perions s permitted to delete un-	gran od;	nming that y enter the let FCC rules a	our system ter "P" if th	n was <i>require</i> e listed progr ions in	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY	6. FROM	TIMES — TO —	DELETION

Accounting Period:	2020/2			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
	Union Information Systems				63390
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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ystem's seen of how to	condary transmiso compute this ar	ssion service mount, see	5,552.00 pss receipts)
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 brace block 3 if the amount of gross receipts in space K is more than \$263,800 brace block 3 if the amount of gross receipts in space K is more than \$263,800 brace brace k is \$263,800 brace k is \$263,800 brace brace k is \$263,800 brace k is \$263,80	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	u 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	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K	\$	155,552.00		
	3. Subtract line 2 from line 1	\$	108,248.00		
	4. Enter the amount of gross receipts from space K		. \$ 1	55,552.00	
	5. Enter the amount from line 3		\$ 1	08,248.00	
	6. Subtract line 5 from line 4		\$	47,304.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	236.52
	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		\$	236.52
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527,	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				
	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 DU	F			
	FILING FLE AND TOTAL REWITTANGE DU	_			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	236.52	
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			\$	256.52
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1		-		nts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF OWN	ER OF CABLE SYSTEM: Systems				SYSTEM ID# 63390				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable									
	system carried television broadcast stations									
	on which the cab	mber of activated channel le system carried television st services	n broadcast stations			. 187				
N Individual to Be Contacted		E CONTACTED IF FURTH ut this statement of accounts		S NEEDED (Identify an ir	ndividual to whom					
for Further Information	Name Ro	oxi Hacker			Telephor	e 320-848-6641				
		30 Birch Avenue We umber, street, rural route, apartn								
		ector, MN 55342 ty, town, state, zip)								
	Email	roxih@interstate	telcom.com		Fax (optional					
	CERTIFICATION (This	s statement of account mu	st be certified and sig	ned in accordance with C	Copyright Office regulations)				
O Certification	• I, the undersigned, he	ereby certify that (Check on	e, <i>but only one</i> , of the	boxes.)						
	(Owner otl	her than corporation or pa	artnership) I am the ov	vner of the cable system a	as identified in line 1 of space	B; or				
		owner other than corporatine 1 of space B and that the			ent of the owner of the cable	system as identified				
		r partner) I am an officer (if ne 1 of space B.	a corporation) or a pa	rtner (if a partnership) of th	ne legal entity identified as o	wner of the cable system				
		and correct to the best of my			nents of fact contained hereide in good faith.	1				
			X /s/ Kathy	Kehl		_				
		- 0		ature on the line above to on "/s/ signature" (e.g., /s/ J						
		Typed or printed	name: Kathy K	ehl						
		Title:	Secretary/Treas	corporation or partnership)						
		Date:			02-22-2021					

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counting Period: 2020/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
nion Information Systems	63390
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	<u>"</u>
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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