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

STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syste	ms (Short Form)		ć	For additional information.
General instru	ctions are located		\$	contact the U.S. Copyright Office Licensing Division at:
-	of this workbook	8/23/2022	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	
	2021-1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		_		
	20211	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period		-		
	Instructions:			
В	Give the full legal name of the owner of th the subsidiary, not that of the parent corp		liary of another corporation, give the full corp	orate title of
Owner	List any other name or names under which	n the owner conducts the business of th	e cable system.	
	If there were different owners during the a statement of account and royalty fee payn		ne last day of the accounting period should su iod.	bmit a single
	Check here if this is the system's first filing			63390
	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 n	umber)		
	Plainfield, WI 54966 (City, town, state, zip)			
	INSTRUCTIONS: In line 1, give any busin	ess or trade names used to ider	tify the business and operation of the	system unless these
C	names already appear in space B. In line	2, give the mailing address of the	e system, if different from the address	given in space B.
System	1			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(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:	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 commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discr ve as a form of system identification hereafter known as the "
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the ident
Area Served	city.	
	CITY OR TOWN	STATE
First	Almond	WI
Community	Buena Vista	WI
	Plainfield	WI
ld 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

Name U	LEGAL NAME OF OWNER OF CA Union Information Syste ECONDARY TRANSMISSION General: The information in sp ystem, that is, the retransmissic bout other services (including p- st day of the accounting period Number of Subscribers: Both bown by categories of secondary ach category by counting the nu- eparately for the particular servi Rate: Give the standard rate cl hit in which it is generally billed. ategory, but do not include disca Block 1: In the left-hand block /stems most commonly provide at applies to your system. Note at applies to your system. Note at applies to your cable system h inted in block 1 (for example, ti ith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel onverter	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D blocks in spa (June 30 or D blocks in spa (Tansmission umber of billing ice at the rate harged for eace (Example: "\$2 ounts allowed in space E, th a to their subsc Where an in should be cou ble service to once again und has rate categ iers of services	cover a and ra bace F, becemble ce E ca service gs in tha indicate ch categ 20/mth" for adva te form cribers. addition ler "Sen ories fo s that in e right-h	all categories of dio broadcasts not here. All the er 31, as the ca- ll for the numb e. In general, yo at category (the ed—not the num- gory of service.). Summarize a ance payment. lists the categor Give the numb I or organizatio a subscriber in nal sets would I vice to additior r secondary tra- notation of the numb	of secondar by your sy are facts you ase may be er of subso bu can com e number of mber of second or is factor on is receive n each app be included and set(s)." ansmission hore second wo- or three	system to subsori u state must be e). cribers to the ca pute the number of persons or orgonal trace variation condary transmise cribers and rate ing service that licable category d in the count ur service that are dary transmissie e-word descript	blers. Give those exist ble system er of subsc ganizations <i>v</i> ice). of the charg s within a p ssion servi for each lis falls under falls under . Example ader "Servi e different f ons), list th ion of the s BLOCK	the cable e information ting on the ribers in e charged ge and the particular rate ce that cable sted category r different : a residential ce to the from those mem, together service is	FEM ID 63390 RATE 94.95 84.95
E Secondary Transmission Service: Sub- scribers and Rates R Unit cate B Sys that cate B Sys that cate Sub- first B prin with suff G Res 	ECONDARY TRANSMISSION General: The information in sp (stem, that is, the retransmissic pout other services (including p st day of the accounting period Number of Subscribers: Both bown by categories of secondary ach category by counting the nu- eparately for the particular servi Rate: Give the standard rate of hit in which it is generally billed. ategory, but do not include discr Block 1: In the left-hand block (stems most commonly provide ategories, that person or entity sp ubscriber who pays extra for cal st set" and would be counted o Block 2: If your cable system h inted in block 1 (for example, ti ith the number of subscribers a ufficient. BLCC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel ommercial	SERVICE: SL pace E should on of television vay cable) in sp (June 30 or D blocks in spa / transmission umber of billing ice at the rate harged for eac (Example: "\$; ounts allowed in space E, th e to their subsc e: Where an in should be cou ble service to once again und has rate categ iers of service: and rates, in the DCK 1	cover a and ra bace F, becemble ce E ca service gs in that indicate ch categ 20/mth" for advi- e form or le for le form or le form o	all categories of dio broadcasts not here. All the er 31, as the ca- ll for the numb e. In general, yo at category (the ed—not the num- gory of service.). Summarize a ance payment. lists the categor Give the numb I or organizatio a subscriber in the sets would I vice to addition r secondary tra- net addition r secondary tra- secondary tra- secondar	of secondaria by your sy are facts you ase may be er of subso ou can com e number of mber of se Include bo any standa ories of second any standa ories of subso no is receive ne ach app be included and set(s)." ansmission more second wo- or three CATH	system to subsori u state must be e). cribers to the ca pute the number of persons or orgonal trace variation condary transmise cribers and rate ing service that licable category d in the count ur service that are dary transmissie e-word descript	blers. Give those exist ble system er of subsc ganizations <i>v</i> ice). of the charg s within a p ssion servi for each lis falls under falls under . Example ader "Servi e different f ons), list th ion of the s BLOCK	information ting on the n, broken rribers in a charged ge and the particular rate ce that cable sted category r different : a residential ce to the from those mem, together service is C2 NO. OF SUBSCRIBERS 383	RATE 94.95
L In C sys abc Service: Sub- scribers and Rates R Unit cate B sys that cate sub first B prin witt suff C C Res 	a General: The information in sp ystem, that is, the retransmissic pout other services (including p st day of the accounting period Number of Subscribers: Both bown by categories of secondary ach category by counting the nu- eparately for the particular servic Rate: Give the standard rate of hit in which it is generally billed. ategory, but do not include discr Block 1: In the left-hand block ystems most commonly provide at applies to your system. Note ategories, that person or entity so ubscriber who pays extra for cal st set" and would be counted o Block 2: If your cable system frinted in block 1 (for example, ti ith the number of subscribers a ufficient. BLCC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel ommercial	pace E should on of television ay cable) in sp (June 30 or D blocks in spa / transmission umber of billing ice at the rate harged for eac (Example: "\$; ounts allowed in space E, th e to their subsc e: Where an in should be cou ble service to once again und has rate categ iers of service: and rates, in the DCK 1 NO. OF	cover a and ra bace F, becemble ce E ca service gs in that indicate ch categ 20/mth" for advi- e form or le for le form or le form o	all categories of dio broadcasts not here. All the er 31, as the ca- ll for the numb e. In general, yo at category (the ed—not the num- gory of service.). Summarize a ance payment. lists the categor Give the numb I or organizatio a subscriber in the sets would I vice to addition r secondary tra- net addition r secondary tra- secondary tra- secondar	of secondaria by your sy are facts you ase may be er of subso ou can com e number of mber of se Include bo any standa ories of second any standa ories of subso no is receive ne ach app be included and set(s)." ansmission more second wo- or three CATH	system to subsori u state must be e). cribers to the ca pute the number of persons or orgonal trace variation condary transmise cribers and rate ing service that licable category d in the count ur service that are dary transmissie e-word descript	blers. Give those exist ble system er of subsc ganizations <i>v</i> ice). of the charg s within a p ssion servi for each lis falls under falls under . Example ader "Servi e different f ons), list th ion of the s BLOCK	information ting on the n, broken rribers in a charged ge and the particular rate ce that cable sted category r different : a residential ce to the from those mem, together service is C2 NO. OF SUBSCRIBERS 383	94.9
cate B sys that cate sub first B prin witt suff C C Res • !	ategory, but do not include disc Block 1: In the left-hand block ystems most commonly provide at applies to your system. Note ategories, that person or entity subscriber who pays extra for cal st set" and would be counted o Block 2: If your cable system f inted in block 1 (for example, ti ith the number of subscribers a ufficient. <u>BLC</u> <u>CATEGORY OF SERVICE</u> esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel ommercial	ounts allowed in space E, th e to their subso e: Where an in should be cou ble service to ince again und has rate categ iers of service ind rates, in th DCK 1 NO. OF	for adva the form of cribers. Individual nted as addition ler "Sen- ories fo s that in e right-h ERS 637	ance payment. lists the catego Give the numb I or organizatio a subscriber in al sets would I vice to addition r secondary tra clude one or n hand block. A t RATE 39.95	pries of second per of subsection is received in a second second poe included all set(s)." ansmission pore second wo- or three CATI	condary transmis cribers and rate ing service that licable category d in the count ur service that are dary transmissie e-word descript	ssion servi for each lis falls under c. Example: der "Servi e different f ons), list th ion of the s BLOCK	ce that cable sted category r different : a residential ce to the from those hem, together service is C 2 NO. OF SUBSCRIBERS 383	94.9
Res · · · · · · · · · · · · ·	CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel ommercial	NO. OF	ERS 637	39.95	Expand			NO. OF SUBSCRIBERS 383	94.9
Res • ; • ; • ; • ; • ; • ; • ; • ; • ; • ;	esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel ommercial		ERS 637	39.95	Expand		RVICE	SUBSCRIBERS 383	94.9
· · · · · Mo Coi ·	 Service to first set Service to additional set(s) FM radio (if separate rate) otel, hotel ommercial 			•••••		led			
· · · Mo Coi Coi	 Service to additional set(s) FM radio (if separate rate) otel, hotel ommercial 			•••••		160			
• Mo Coi Coi	• FM radio (if separate rate) otel, hotel ommercial		593	4.95	Dasic			202	04.9
Mo Coi Coi	otel, hotel ommercial								
Cor Cor	ommercial								
Cor									
•	Unverter								
	• Residential								
•									
	Non-residential								
F Services furr Other Than Secondary Transmissions: B Rates B	ERVICES OTHER THAN SECC O General: Space F calls for rate of covered in space E, that is, the ervice for a single fee. There are rinished at cost or (2) services of mount of the charge and the un neter only the letters "PP" in the in Block 1: Give the standard rate Block 2: List any services that sted in block 1 and for which a st ief (two- or three-word) description	e (not subscril hose services e two exceptic or facilities fur it in which it is rate column. e charged by t your cable sy separate charge	ber) info that are ons: you nished t usually the cabl stem fu ge was n de the ra	ormation with re e not offered in do not need to to nonsubscrib v billed. If any r e system for e rnished or offe made or establ	espect to a combinati o give rate ers. Rate in ates are ch ach of the red during	on with any sec information con nformation shou narged on a vari applicable servi the accounting	ondary trar cerning (1) Id include able per-pi ces listed. period that	nsmission) services both the rogram basis, : were not	
CAT	ATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	ontinuing Services:			ation: Non-res			S. TES		
•	• Pay cable		• Mo	tel, hotel		25.00	Replac	ement Remote	25.0
•	• Pay cable—add'l channel		۰Co	mmercial		25.00	Service		30.0
• !	Fire protection		• Pa	y cable			Local S	Station Fee	13.0
•E	•Burglar protection		•Pa	y cable-add'l cl	hannel		Broadb	and Access Ch	12.5
	stallation: Residential			e protection					
•	First set	25.00		rglar protectior	ı				
•	 Additional set(s) 	4.95		services:			Service	e Call	30.0
	• FM radio (if separate rate)			connect			DVR		9.9
	• Converter			connect				uipment	11.9
				tlet relocation		6.00			
				ve to new add		5.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Union Information S			63
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried	 (1) stations carried only on a part-tile carriage of certain network progratice) (2) and (4))]; and (2) certain statistical by your cable system on a subsect of the system on a subsect of the	me basis under ams [sections tions carried on a ostitute program Log)—if the
	basis. For further informati	on concerning substitute basis stations,	see page (v) of the general instruct	ions.
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	5	•
	"WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each	0	vision station for broadcasting over station, an independent station, or a	the air in its community noncommercial
	For the meaning of these to Column 4: Give the location	, "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list Idian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station	is licensed by the
	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	Ν	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	I	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

EGAL NAME OF			YSTEM:					SYSTEM II
Jnion Inforn	nation Syst	tems						633
	every radio s	tation ca	nried on a separate and discre					н
			nerally receivable by your cab					
eceivable if (1) in the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: St	it is carried by monitoring, to prmation abou m. entify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process	t the system's hea system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can t ertain sta eneral ir	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
ignal, indicate t Column 4: G	this by placing ive the statior	g a checl n's locati	k mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOF	RM SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#		
Name	Union Information Sys	tems						63390		
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or a	uthorizations.	For a further		
Carriage:	1. SPECIAL STATEMENT				gonoral moure					
Special	During the accounting peri				is, any nonne	twork telev	vision program	n		
Statement and Program Log	broadcast by a distant stat						YES	NO		
	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									
	period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the ind regulatio ming that y	nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ns, if any, the o when your syst e substitute pro program carri- listed program ons in effect du	ision program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program "Yes." Otherwise enter "I isting the substitute progra ne community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	d for the prog eral instructio n titles, for ex No." station is lice station is ider program. Use cable system 15 p.m. to 6:2 amming that y ; enter the let	ramming c ns for furth ample, "I L nsed by th httfied). e numerals List the til 28:30 p.m. rour system ter "P" if th	of another sta ner informatio love Lucy" or e FCC or, in , with the mo mes accurate should be n was <i>require</i> ne listed prog	ntion n. nth ely		
	S				7. REASON FO					
	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		
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	2021-1 LEGAL NAME OF OWNER OF CABLE SYSTEM:			s	A1-2E. PAGE		
Name	Union Information Systems			-	6339		
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 s (as identified in space E) during the accounting period. For a further explanatic 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.	ystem's se n of how to	condary transmi compute this a	ssion service mount, see	0,301.00		
	IMPORTANT: You must complete a statement in space P concerning gross re-			(Amount of gr			
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 t Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	63,800			
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for th	is 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	ies 1 and 2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,1	00)			
	1. Base amount under statutory formula	\$	263,800.00				
	2. Enter amount of gross receipts from space K	\$	170,301.00				
	3. Subtract line 2 from line 1	\$	93,499.00	<u>.</u>			
	4. Enter the amount of gross receipts from space K		. \$	170,301.00			
	5. Enter the amount from line 3		\$	93,499.00			
	6. Subtract line 5 from line 4		\$	76,802.00			
	7. Multiply line 6 by .005 (enter figure here)			\$	384.01		
	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		\$	384.01		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (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						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	5. and 6.					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6						
	FILING FEE AND TOTAL REMITTANCE DU	E					
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	384.01			
otal Remittance Due				20.00			
	2. Filing Fee (See the instructions for more information on filing fee calculations)		. - Ф	20.00			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	404.01		
					nts!		

Accounting Period:	2021-1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Union Information Systems		SYSTEM ID# 63390
M Channels	to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which	channels on which the cable system carried television broadcast stations tal number of activated channels during the accounting period. the cable	18
	on which the cable system carried television and nonbroadcast services		187
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHE we can contact about this statement of account	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name Roxi Hacker		320-848-6641
	Address 130 Birch Avenue Wes (Number, street, rural route, apartme Hector, MN 55342 (City, town, state, zip)		
	Email roxih@interstatet	elcom.com Fax (optional	
O Certification	 I, the undersigned, hereby certify that (Check one (Owner other than corporation or par (Agent of owner other than corporation in line 1 of space B and that the of X (Officer or partner) I am an officer (if a in line 1 of space B. I have examined the statement of account and he are true, complete, and correct to the best of my b [18 U.S.C., Section 1001(1986)] 	t be certified and signed in accordance with Copyright Office regulations) , but only one, of the boxes.) thership) I am the owner of the cable system as identified in line 1 of space E on or partnership) I am the duly authorized agent of the owner of the cable s owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as own reby declare under penalty of law that all statements of fact contained herein snowledge, information, and belief, and are made in good faith. X /s/ Kathy Kehl Inter an electronic signature on the line above to certify this statement. inter signature using an "/s/ signature" (e.g., /s/ John Smith)	ystem as identified
	Typed or printed n Title:	Secretary/Treasurer	
	(Title Date:	of official position held in corporation or partnership) 08-17-2021	

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

punting Period: 2021-1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
on 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 made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	~
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	Interest Assessment
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