This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) actions are located of this workbook	08/23/2021	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2021/01	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2021	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		diary of another corporation, give the full cor	porate title
Owner	List any other name or names under whit	ch the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should su ting period.	ubmit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	63574
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	Southeast Telephone Co. of Wisco		)	
	BUSINESS NAME(S) OF OWNER O	F CABLE STOLEM (IF DIFFERENT	<u> </u>	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	525 Junction Road (Number, street, rural route, apartment, or suite	number)		
	Madison, WI 53717 (City, town, state, zip)			

 

 Image: City, town, state, 2(p)

 C
 Image: Signal and the system of the system 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
 Image: Dentification of cABLE system: TDS Telecom, Inc.

 2
 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)

 (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 ID:					
Name	Southeast Telephone Co. of Wisconsin, LLC	63574					
		A "community" is the same as a "community unit" as defined in FCC rules:					
-							
D	"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 filings.						
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Area	identified city.						
Served							
		OTATE					
<b>-</b>	CITY OR TOWN Waterford	STATE WI					
First Community							
Community	Windlake	WI					
dd Rows as Necessary							

								FORM SA1	-2E. PAGE	
Name	LEGAL NAME OF OWNER OF C							313	6357	
	Southeast Telephone Co. of Wisconsin, LLC								0001	
_	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCR	IBERS AND R	ATES					
E	In General: The information in s	space E should	cover a	all categories o	fsecondar	•				
0	system, that is, the retransmission									
Secondary Fransmission	about other services (including particular about other services (including particular about the accounting period						those exist	ing on the		
Service: Sub-	Number of Subscribers: Bot						ble system	, broken		
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged senarately for the particular service at the rate indicated not the number of sets receiving service).									
	separately for the particular service at the rate indicated—not the number of sets receiving service). <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the									
	<b>Rate:</b> 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.									
	<b>Block 1:</b> 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. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that are	a different f	rom those		
		-		•						
	printed in block 1 (for example, tiers of services that include one or more secondary transmiss with the number of subscribers and rates, in the right-hand block. A two- or three-word description									
	sufficient.									
	BLO	OCK 1 NO. OF					BLOCK	X 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set	•	1,078	\$25/mo						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		4	\$40/mo						
	Converter									
	Residential		1,078	\$6/Mo.						
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS		s					
-	In General: Space F calls for ra					Ill your cable sys	stem's serv	vices that were		
F	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									
Services	service for a single fee. There al furnished at cost or (2) services		,		0		0.			
Other Than										
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BLO	ר אר 1					BLOCK 2		
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RAT	
	Continuing Services:			ation: Non-res						
	• Pay cable	\$8.00-\$19.99	• Mo	tel, hotel						
	Pay cable—add'l channel		• Co	mmercial		\$0 - \$49.95				
	Fire protection		• Pay	/ cable						
	•Burglar protection		• Pay	/ cable-add'l cł	nannel					
	Installation: Residential		• Fire	e protection						
	First set	\$0-\$49.95	• Bur	glar protection						
	<ul> <li>Additional set(s)</li> </ul>	\$0-\$49.95	Other	services:						
			• Red	connect		\$0-\$25				
	• FM radio (if separate rate)					<b>+• +-•</b>				
	• FM radio (if separate rate) • Converter		• Dis	connect						
	· · · /		• Dis			19.98-39.96				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM				
Name	Southeast Telephon	e Co. of Wisconsin, LLC		635				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary nsmitters: elevision	<ul> <li>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</li> <li>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:</li> <li>• Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.</li> </ul>							
	<ul> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream</li> <li>"WETA-2" as the same on the form.</li> <li>Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community</li> </ul>							
	of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3:</b> 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. <b>Column 4:</b> 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.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WISN	12.1	Ν	Milwaukee, WI				
	WISN-DT2	12.2	N-M	Milwaukee, WI				
ows as Necessary	WDJT	58.1	Ν	Milwaukee, WI				
	WBME-CD	58.2	I	Milwaukee, WI				
	WITI	6.1	Ν	Milwaukee, WI				
	WITI-DT2	6.2	N-M	Milwaukee, WI				
	wтмj	4.1	N	Milwaukee, WI				
				Willwaukee, Wi				
	WTMJ-DT2	4.2	N-M	Milwaukee, WI				
		4.2 4.3	N-M					
	WTMJ-DT2			Milwaukee, WI				
	WTMJ-DT2 WTMJ-DT3	4.3	N-M	Milwaukee, WI Milwaukee, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4	4.3 4.4	N-M N-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5	4.3 4.4 4.5	N-M N-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW	4.3 4.4 4.5 49.1	N-M N-M N-M I	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT2	4.3 4.4 4.5 49.1 49.2	N-M N-M N-M I I	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT2 WMLW-DT3	4.3 4.4 4.5 49.1 49.2 49.3	N-M N-M I I-M I-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI Racine, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT2 WMLW-DT3 WMLW-DT4	4.3       4.4       4.5       49.1       49.2       49.3       49.4	N-M N-M I I-M I-M I-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI Racine, WI Racine, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT2 WMLW-DT3 WMLW-DT4 WVTV	4.3 4.4 4.5 49.1 49.2 49.3 49.4 18.1	N-M N-M I I-M I-M I-M I-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI Racine, WI Racine, WI Racine, WI Milwaukee, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT2 WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2	4.3       4.4       4.5       49.1       49.2       49.3       49.4       18.1       18.2	N-M N-M I I-M I-M I-M I-M I-M	Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Racine, WI         Racine, WI         Racine, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT2 WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT2	4.3       4.4       4.5       49.1       49.2       49.3       49.4       18.1       18.2       18.3	N-M N-M I I-M I-M I-M I I-M I-M	Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Racine, WI         Racine, WI         Racine, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT2 WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT2 WVTV-DT3 WVTV-DT4	4.3         4.4         4.5         49.1         49.2         49.3         49.4         18.1         18.2         18.3         18.4	N-M N-M I I-M I-M I-M I I-M I-M	Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Racine, WI         Racine, WI         Racine, WI         Milwaukee, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT2 WMLW-DT3 WMLW-DT4 WVTV WVTV-DT4 WVTV-DT2 WVTV-DT4 WVTV-DT4 WVTU	4.3         4.4         4.5         49.1         49.2         49.3         49.4         18.1         18.2         18.3         18.4         63.1	N-M N-M I I-M I-M I-M I-M I-M I-M I-M I-M I-M	Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Racine, WI         Racine, WI         Racine, WI         Milwaukee, WI				
	WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW-DT5 WMLW-DT2 WMLW-DT3 WMLW-DT4 WVTV-DT4 WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU WYTU-DT2	4.3         4.4         4.5         49.1         49.2         49.3         49.4         18.1         18.2         18.3         18.4         63.1         63.2	N-M N-M N-M I I I-M I-M I-M I-M I-M I-M I-M	Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Milwaukee, WI         Racine, WI         Racine, WI         Racine, WI         Racine, WI         Milwaukee, WI				

ounting Period:	2021/01			FORM SA	1-2E. PAGE				
	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		S	YSTEM II				
Name	Southeast Telephone Co. of Wisconsin, LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
~		entify every television station (including		,					
G		m during the accounting period, except							
Primary	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								
ransmitters:	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.								
Television	Substitute Basis Stations	ubstitute program							
		ules, regulations, or authorizations: e in space G—but do list it in space I (tl	he Special Statement and Program	log)if the					
	station was carried only on		ne openal otatement and i regran						
		also in space I, if the station was carried							
		on concerning substitute basis stations,							
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	•	•					
	"WETA-2" as the same on t	0							
		el number the FCC assigned to the tele	evision station for broadcasting over	r the air in its community					
	of license. For example, W Column 3: Indicate in each	a noncommercial							
	educational station, by ente								
	(for independent multicast),	, "E" (for noncommercial educational), o	or "E-M" (for noncommercial educa	. ,					
		(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								
		on of each station. For U.S. stations, list dian stations, if any, give the name of tl	•	-					
			•	-					
			•	-	ON				
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	he community with which the station	on is identified.	ON				
	FCC. For Mexican or Canar 1. CALL SIGN	dian stations, if any, give the name of the stations of the station of the statio	he community with which the station	en is identified.  4. LOCATION OF STATION	ON				
	FCC. For Mexican or Canad 1. CALL SIGN WMVT	dian stations, if any, give the name of the nam	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATION	ON				
	FCC. For Mexican or Canad 1. CALL SIGN WMVT WMVT-DT3	dian stations, if any, give the name of the nam	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATIO Milwaukee, WI Milwaukee, WI	ON				
	FCC. For Mexican or Canad 1. CALL SIGN WMVT WMVT-DT3 WVCY	2. B'CAST CHANNEL NUMBER         36.1         36.2         30.1	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI	ON				
	FCC. For Mexican or Canad 1. CALL SIGN WMVT WMVT-DT3 WVCY	2. B'CAST CHANNEL NUMBER         36.1         36.2         30.1	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI	ON				
	FCC. For Mexican or Canad 1. CALL SIGN WMVT WMVT-DT3 WVCY	2. B'CAST CHANNEL NUMBER         36.1         36.2         30.1	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI	DN				
	FCC. For Mexican or Canad 1. CALL SIGN WMVT WMVT-DT3 WVCY	2. B'CAST CHANNEL NUMBER         36.1         36.2         30.1	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI	ON				
	FCC. For Mexican or Canad 1. CALL SIGN WMVT WMVT-DT3 WVCY	2. B'CAST CHANNEL NUMBER         36.1         36.2         30.1	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI	ON				
	FCC. For Mexican or Canad 1. CALL SIGN WMVT WMVT-DT3 WVCY	2. B'CAST CHANNEL NUMBER         36.1         36.2         30.1	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI					
	FCC. For Mexican or Canad 1. CALL SIGN WMVT WMVT-DT3 WVCY	2. B'CAST CHANNEL NUMBER         36.1         36.2         30.1	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI					
	FCC. For Mexican or Canad 1. CALL SIGN WMVT WMVT-DT3 WVCY	2. B'CAST CHANNEL NUMBER         36.1         36.2         30.1	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI	DN				
	FCC. For Mexican or Canad 1. CALL SIGN WMVT WMVT-DT3 WVCY	2. B'CAST CHANNEL NUMBER         36.1         36.2         30.1	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI					
	FCC. For Mexican or Canad 1. CALL SIGN WMVT WMVT-DT3 WVCY	2. B'CAST CHANNEL NUMBER         36.1         36.2         30.1	he community with which the station 3. TYPE OF STATION E	4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI					

	F OWNER OF		Wisconsin, LLC					SYSTEM II 635
	t every radio s	station c	) carried on a separate and disc enerally receivable by your ca					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Co	it is carried b monitoring, to ormation abou rm. dentify the cal state whether the radio stat this by placing Give the statio	y the sy be rece ut the C I sign of the stati tion's sig g a cheo n's loca	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the copyright Office regulations on each station carried. ion is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which th , the community with which th	at the system's system's FM a this point, see used by the cabl the station is lic	headend, and ntenna, during page (v) of the e system as a ensed by the F	(2) it ca l certain e genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0/D		UALL DIGIN	AWIOTIW	0,0		
N/A								
		·						
						·		
						·		
						·		
						·		
			·			·		

Name         LEGAL NAME OF OWNER OF CABLE SYSTEM:           Southeast Telephone Co. of Wisconsin, LLC           SUBSTITUTE CARRIAGE:         SPECIAL STATEMENT AND PROGRAM LC           In General:         In space I, identify every nonnetwork television program, broadcast browstitute basis during the accounting period, under specific present and former F	SYSTEM ID#								
Southeast Telephone Co. of Wisconsin, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LC In General: In space I, identify every nonnetwork television program, broadcast b									
In General: In space I, identify every nonnetwork television program, broadcast b	63574								
In General: In space I, identify every nonnetwork television program, broadcast b	 )G								
substitute basis during the accounting period under specific present and former l									
Substitute explanation of the programming that must be included in this log, see page (v) of 1 Carriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special • During the accounting period, did your cable system carry, on a substitute ba	asis any nonnetwork television program								
Statement and									
<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer i	s "Yes," you must complete the program								
log in block 2.									
2. LOG OF SUBSTITUTE PROGRAMS	e utere e e estale if their meening is								
clear. If you need more space, please add additional rows to the tables.	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 ("substitut	e program") that, during the accounting								
period, was broadcast by a distant station and that your cable system substitu									
under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra									
"NBA Basketball: 76ers vs. Bulls."									
Column 2: If the program was broadcast live, enter "Yes." Otherwise enter									
Column 3: Give the call sign of the station broadcasting the substitute prog Column 4: Give the broadcast station's location (the community to which the									
the case of Mexican or Canadian stations, if any, the community with which th									
Column 5: Give the month and day when your system carried the substitut	e program. Use numerals, with the month								
first. Example: for May 7 give "5/7." <b>Column 6:</b> State the times when the substitute program was carried by you	r cable system. List the times accurately								
to the nearest five minutes. Example: a program carried by a system from 6:0									
stated as "6:00–6:30 p.m."									
<b>Column 7:</b> Enter the letter "R" if the listed program was substituted for prog									
to delete under FCC rules and regulations in effect during the accounting perior was substituted for programming that your system was permitted to delete unor									
effect on October 19, 1976.									
SUBSTITUTE PROGRAM	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FOR								
	5. MONTH 6. TIMES DELETION								
1. TITLE OF PROGRAM 22. LIVE / 3. STATIONS Yes or No CALL SIGN 4. STATION'S LOCATION	5. MONTH								
N/A									
	_								
	Image: state								
	Image: state of the state o								

Accounting Period:	2021/01	FORM SA1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Southeast Telephone Co. of Wisconsin, LLC	63574						
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service						
		·						
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 \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( 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 th accounting period is \$52.00	nis 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							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	)))						
	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)       0.00         8. Interest charge. Enter the amount from line 4, space Q, page 8       0.00							
	8. Interest charge. Enter the amount from line 4, space Q, page 8							
	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       \$ 335,580.86							
	2. Base amount under statutory formula \$ 263,800.00							
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01	717.81						
	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)	2,036.81						
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	\$ 2,056.81						
	EFT Trace # or TRANSACTION ID #							
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo							

Accounting Period:	2021/01			FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: bhone Co. of Wisconsin, L	LC	SYSTEM ID# 63574
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the cat	and (2) the cable system's to number of channels on which	roadcast stations	ns 28 158
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom .)	
for Further Information	Name	Stephanie Weber	Telepho	ne <b>(608) 664-4721</b>
		525 Junction Rd (Number, street, rural route, apartme Madison, WI 53593 (City, town, state, zip)	ent, or suite number)	
	Email	Finance@tdstelecon	n.com Fax (optional)	
O Certification	I, the undersigned     (Owner     (Agent of     in lin     X     (Office)     in lin     I have examined	d, hereby certify that (Check on other than corporation or par of owner other than corporati he 1 of space B and that the ow r or partner) I am an officer (if he 1 of space B. the statement of account and h , and correct to the best of my b	st be certified and signed in accordance with Copyright Office regulation he, <i>but only one</i> , of the boxes.) <b>rtnership)</b> I am the owner of the cable system as identified in line 1 of spa- tion or partnership) I am the duly authorized agent of the owner of the ca- mer is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as hereby declare under penalty of law that all statements of fact contained her knowledge, information, and belief, and are made in good faith.	ace B; or ble system as identified s owner of the cable system
			X /s/ Sharon V. Tisdale	_
		Typed or printed r	name: Sharon V. Tisdale	
			Assistant Treasurer ial position held in corporation or partnership)	
		Date:	August 23, 2021	
Privacy Act Notice	: Section 111 of title 1	7 of the United States Code auth	orizes the Copyright Office to collect the personally identifying information (PII	) requested on this

Privacy Act Notice: Section 111 of title 17 of the United States Code autonizase the Copyright Unice 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.

unting Period: 2021/01	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
theast Telephone Co. of Wisconsin, LLC	6357
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 fol- lowing 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 sub- scribers 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	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 
xdays 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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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	

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