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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:			
	ary Transmissions by	DATE RECEIVED	AMOUNT				
	ems (Short Form)	BATEREDEIVEB		coplicsoa@copyright.gov			
General instru	uctions are located	08/23/2021	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150			
in the first tab	of this workbook		ALLOCATION NUMBER				
<b>A</b>	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))				
	2021/01	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
	2021/01						
		7					
	2021	Barcode Data Filing Period (optional	- see instructions)				
Accounting Period							
Fenou							
-	Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a subsic	liary of another corporation, give the full corp	orate title			
B	of the subsidiary, not that of the parent of	corporation.					
Owner	List any other name or names under which	ch the owner conducts the business of th	e cable system.				
	If there were different owners during the	e accounting period, only the owner on th	he last day of the accounting period should su	bmit a			
	single statement of account and royalty f	ee payment covering the entire accounti	ing period.	63628			
	Check here if this is the system's first filin	63628					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Tri-County Telephone Company, Inc.						
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)					
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM					
	525 Junction Road	number)					
	Madison, WI 53717						
	(City, town, state, zip)						

 

 C
 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
 1
 IDENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.

 AMAILING ADDRESS OF CABLE SYSTEM:
 2

 (Number, street, rural roule, 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:						
Name	Tri-County Telephone Company, Inc.	63628						
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
Served	lucification of the second s							
	CITY OR TOWN	STATE						
First	Wingate	IN						
Community	New Richmond	IN						
	Linden	IN						
dd Rows as Necessary	Colfax	IN						
	Lafayette	IN						
	Romney	IN						

	LEGAL NAME OF OWNER OF C					FORM SA1	TEM ID			
Name			515	6362						
	Tri-County Telephone C	company, In	С.				0002			
_	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIBERS AND F	RATES						
E	In General: The information in s	•	-	•						
Secondary	system, that is, the retransmission about other services (including preservices)									
Transmission	last day of the accounting period				De l'IUSE EXIS	sung on the				
Service: Sub-	Number of Subscribers: Bot				e cable syster	n, broken				
scribers and	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									
Rates	each category by counting the n separately for the particular serv					s charged				
	Rate: Give the standard rate of					rge and the				
	unit in which it is generally billed				tions within a	particular rate				
	category, but do not include disc					iss that sable				
	Block 1: In the left-hand block systems most commonly provide	•	•							
	that applies to your system. Not									
	categories, that person or entity									
	subscriber who pays extra for ca				nt under "Serv	vice to the				
	first set" and would be counted of Block 2: If your cable system				t are different	from those				
	printed in block 1 (for example, 1									
	with the number of subscribers a	and rates, in th	e right-hand block. A	two- or three-word des	cription of the	service is				
	sufficient.	OCK 1		П	BLOC	K D				
		NO. OF			BLUC	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBI	ERS RATE	CATEGORY OF	SERVICE	SUBSCRIBERS	RATE			
	Residential:									
	Service to first set		354 \$25/mo							
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter		054							
	Residential		354 \$6/Mo.							
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATI	ES						
-	In General: Space F calls for ra			<b></b>	system's sei	vices that were				
F	not covered in space E, that is, t									
Services	service for a single fee. There a furnished at cost or (2) services	•		•	• •	,				
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.									
				BLOCK 2						
	CATEGORY OF SERVICE	BLO RATE	CATEGORY OF SEF	RVICE RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:		Installation: Non-rea	sidential						
	• Pay cable	\$8.00-\$19.99	<ul> <li>Motel, hotel</li> </ul>							
	• Pay cable—add'l channel		<ul> <li>Commercial</li> </ul>	\$0 - \$49.9	95					
	Fire protection		<ul> <li>Pay cable</li> </ul>							
	<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l c</li> </ul>	hannel						
	Installation: Residential		<ul> <li>Fire protection</li> </ul>							
	First set	\$0-\$49.95	<ul> <li>Burglar protection</li> </ul>	ר 📗						
			Other services:							
	<ul> <li>Additional set(s)</li> </ul>	\$0-\$49.95								
	• Additional set(s) • FM radio (if separate rate)	\$0-\$49.95	Reconnect	\$0-\$2	25					
	<ul> <li>Additional set(s)</li> </ul>	\$0-\$49.95	Reconnect     Disconnect							
	• Additional set(s) • FM radio (if separate rate)	\$0-\$49.95	Reconnect	19.98-39.5						

Namo	LEGAL NAME OF OWNER O	JF CABLE SYSTEM:		SYST
Name	Tri-County Telephon	e Company, Inc.		
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r	tentify every television station (including i em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis.	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a si	t-time basis under grams [sections tations carried on a substitute program
	List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by enti-	I also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. nel number the FCC assigned to the telev NRC is channel 4 in Washington, D.C. ch case whether the station is a network s tering the letter "N" (for network), "N-M" (for network),	see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for inde	ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M"
	(for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th	or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the statio	ational multicast). on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WRTV	6.1	Ν	Indianapolis, IN
	WRTV-DT2	6.2	N-M	Indianapolis, IN
Rows as Necessary	WRTV-DT3	6.3	N-M	Indianapolis, IN
	wttk	29.1	N	Kokomo, IN
	WTTK-DT2	29.2	N-M	Kokomo, IN
	WTTK-DT3	29.3	N-M	Kokomo, IN
	WXIN	59.1	N	Indianapolis, IN
	WXIN-DT2	59.2	N-M	Indianapolis, IN
	WXIN-DT3	59.3	N-M	Indianapolis, IN
	WTHR	13.1	N	Indianapolis, IN
	WTHR-DT2	13.2	N-M	Indianapolis, IN
	WTHR-DT3	13.3	N-M	Indianapolis, IN
	WTHR-DT5	13.5	N-M	Indianapolis, IN
	WTHR-DT6	13.6	N-M	Indianapolis, IN
	WTHR-DT6 WISH	13.6 8.1	N-M	
		8.1	N-M I I-M	Indianapolis, IN
	WISH WISH-DT2	8.1 8.2	I I-M	Indianapolis, IN Indianapolis, IN
	WISH WISH-DT2 WISH-DT3	8.1 8.2 8.3	I.	Indianapolis, IN Indianapolis, IN Indianapolis, IN
	WISH WISH-DT2 WISH-DT3 WNDY	8.1 8.2 8.3 23.1	I I-M I-M I	Indianapolis, IN Indianapolis, IN Indianapolis, IN Marion, IN
	WISH WISH-DT2 WISH-DT3 WNDY WNDY-DT2	8.1           8.2           8.3           23.1           23.2	I I-M I-M I I-M	Indianapolis, IN Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN
	WISH WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFYI	8.1           8.2           8.3           23.1           23.2           20.1	I I-M I-M I I-M E	Indianapolis, IN Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN Indianapolis, IN
	WISH WISH-DT2 WISH-DT3 WNDY WNDY-DT2	8.1           8.2           8.3           23.1           23.2	I I-M I-M I I-M	Indianapolis, IN Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN

Tri-County 1	F OWNER OF (							SYSTEM I 636
•	ž		•					
	t every radio s	station c	<b>)</b> arried on a separate and disc enerally receivable by your ca					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 abou- rm. dentify the cal state whether the radio stat this by placing	y the sy be rece it the C I sign of the stati tion's sig g a chec	III-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column.	at the system's e system's FM a h this point, see	headend, and ntenna, during page (v) of the e system as a	(2) it ca gertain genera separat	in be expected, stated intervals. al instructions in the. te and discrete	Primary Transmitters Radio
			tion (the community to which , the community with which th			<sup>:</sup> CC or, i	in the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
							·	
						·		

Accounting Perio	LEGAL NAME OF OWNER OF								
Name	LEGAL NAME OF OWNER OF Tri-County Telephone							SYSTEM ID 6362	
	Theodilly relephone	company	, mc.					0302	
	SUBSTITUTE CARRIAG	E: SPECIA		T AND PROGRAM LO	G				
	In General: In space I, iden	tify every por	network televis	ion program broadcast by	a distant stat	ion that your	cable syste	om carried on a	
	substitute basis during the								
Substitute	explanation of the program	ning that mus	t be included in	this log, see page (v) of th	e general inst	ructions in the	e paper SA	1-2 form.	
Carriage: Special	1. SPECIAL STATEMEN								
Statement and	• During the accounting pe		r cable system	carry, on a substitute bas	sis, any nonne	etwork televis			
Program Log	broadcast by a distant sta						<b>YES</b>	X NO	
	Note: If your answer is "No	o", leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete	the progra	am	
	log in block 2. 2. LOG OF SUBSTITUT		MS						
	In General: List each sub			te line. Use abbreviations	wherever po	ssible, if their	meaning i	s	
	clear. If you need more sp	ace, please a	add additional i	rows to the tables.	·		Ū		
	Column 1: Give the title period, was broadcast by a			ision program ("substitute ur cable system substitute					
	under certain FCC rules, r	egulations, o	r authorization:	s. See page (v) of the gen	eral instructio	ons for further	r informatic	on.	
	Do not use general catego "NBA Basketball: 76ers vs		vies" or "baske	tball." List specific progra	m titles, for ex	ample, "I Lov	ve Lucy" or	-	
			lcast live, ente	r "Yes." Otherwise enter "I	No."				
				sting the substitute progra			<b>FOO</b> in		
	the case of Mexican or Ca			e community to which the community with which the			FCC or, in		
	Column 5: Give the mo	onth and day		tem carried the substitute		,	vith the mo	onth	
	first. Example: for May 7 g		substitute nro	gram was carried by your	cable system	List the time	es accurate	elv	
	to the nearest five minutes							ciy	
	stated as "6:00–6:30 p.m."		listed was arous	was substituted for prese	a manazina at the at s	(aux austana)		wo d	
	<b>Column 7:</b> Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program								
	to delete under FCC rules was substituted for progra	and regulation mming that y	ons in effect du	ring the accounting period	d; enter the le	tter "P" if the	listed prog		
	to delete under FCC rules	and regulation mming that y	ons in effect du	ring the accounting period	d; enter the le	tter "P" if the	listed prog		
	to delete under FCC rules was substituted for progra	and regulation mming that y	ons in effect du	ring the accounting period	d; enter the le er FCC rules	tter "P" if the	listed prog ns in		
	to delete under FCC rules was substituted for progra effect on October 19, 1976	and regulation mming that y b. SUBSTITUT	ons in effect du our system wa	ring the accounting period s permitted to delete unde	d; enter the le er FCC rules WHE CARR	tter "P" if the and regulatio	listed prog ns in UTE RRED	Jram 7. REASON FO	
	to delete under FCC rules was substituted for progra effect on October 19, 1976	and regulation mming that y	ons in effect du our system wa	ring the accounting period s permitted to delete unde	d; enter the le er FCC rules	tter "P" if the and regulatio	listed prog ns in UTE RRED	jram	
	to delete under FCC rules was substituted for progra effect on October 19, 1976 1. TITLE OF PROGRAM	and regulation mming that y S. SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	d; enter the le er FCC rules WHE CARR 5. MONTH	N SUBSTIT	listed prog ns in UTE RRED MES	Jram 7. REASON F	
	to delete under FCC rules was substituted for progra effect on October 19, 1976	and regulation mming that y S. SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	d; enter the le er FCC rules WHE CARR 5. MONTH	N SUBSTIT	listed prog ns in UTE RRED MES	Jram 7. REASON FO	
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	to delete under FCC rules was substituted for progra effect on October 19, 1976 1. TITLE OF PROGRAM	and regulation mming that y S. SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	d; enter the le er FCC rules WHE CARR 5. MONTH	N SUBSTIT	listed prog ns in UTE RRED MES	Jram 7. REASON FO	
	to delete under FCC rules was substituted for progra effect on October 19, 1976 1. TITLE OF PROGRAM	and regulation mming that y S. SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	d; enter the le er FCC rules WHE CARR 5. MONTH	N SUBSTIT	listed prog ns in UTE RRED MES	Jram 7. REASON F	
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	to delete under FCC rules was substituted for progra effect on October 19, 1976 1. TITLE OF PROGRAM	and regulation mming that y S. SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	d; enter the le er FCC rules WHE CARR 5. MONTH	N SUBSTIT	listed prog ns in UTE RRED MES	Jram 7. REASON F	
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	to delete under FCC rules was substituted for progra effect on October 19, 1976 1. TITLE OF PROGRAM	and regulation mming that y S. SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	d; enter the le er FCC rules WHE CARR 5. MONTH	N SUBSTIT	listed prog ns in UTE RRED MES	Jram 7. REASON F	
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	to delete under FCC rules was substituted for progra effect on October 19, 1976 1. TITLE OF PROGRAM	and regulation mming that y S. SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	d; enter the le er FCC rules WHE CARR 5. MONTH	N SUBSTIT	listed prog ns in UTE RRED MES	Jram 7. REASON FO	
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	to delete under FCC rules was substituted for progra effect on October 19, 1976 1. TITLE OF PROGRAM	and regulation mming that y S. SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	d; enter the le er FCC rules WHE CARR 5. MONTH	N SUBSTIT	listed prog ns in UTE RRED MES	Jram 7. REASON FO	
	to delete under FCC rules was substituted for progra effect on October 19, 1976 1. TITLE OF PROGRAM	and regulation mming that y S. SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	d; enter the le er FCC rules WHE CARR 5. MONTH	N SUBSTIT	listed prog ns in UTE RRED MES	Jram 7. REASON FC	

Accounting Period:	2021/01	FORM SA	1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#				
Naille	Tri-County Telephone Company, Inc.		63628				
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 amount, se	,340.20				
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 \$ Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ 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.	5263,80(					
	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	\$	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 \$137,10						
	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)						
	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						
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00					
	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 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	LEGAL NAME OF OWNER O Tri-County Telephone			SYSTEM ID# 63628
M Channels	<ul> <li>to its subscribers, and (2)</li> <li>1. Enter the total number system carried television</li> <li>2. Enter the total number on which the cable system</li> </ul>	the cable system's total of channels on which the n broadcast stations of activated channels em carried television bro		tions23153
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Steph	anie Weber	Teler	ohone (608) 664-4721
	(Number, Madis	unction Rd street, rural route, apartment con, WI 53593 n, state, zip)	, or suite number)	
	Email	Finance@tdstelecom.c	Fax (optional)	
O Certification	I, the undersigned, hereb     (Owner other the in line 1 of sp     X     (Officer or part in line 1 of sp     . I have examined the state	y certify that (Check one, <b>nan corporation or partr</b> <b>r other than corporation</b> pace B and that the owne <b>tner)</b> I am an officer (if a p pace B. ement of account and her prect to the best of my kno	be certified and signed in accordance with Copyright Office regula but only one, of the boxes.) <b>hership)</b> I am the owner of the cable system as identified in line 1 of <b>n or partnership)</b> I am the duly authorized agent of the owner of the er is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identifier eby declare under penalty of law that all statements of fact containe owledge, information, and belief, and are made in good faith.	space B; or cable system as identified d as owner of the cable system
		Ent	X /s/ Sharon V. Tisdale er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed na	me: Sharon V. Tisdale	
			ssistant Treasurer position held in corporation or partnership)	
		Date:	August 23, 2021	
Privacy Act Notice	: Section 111 of title 17 of the l	Jnited States Code authori	zes 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.

unting Period: 2021/01	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
County Telephone Company, Inc.	6362
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Name Mailing Address	
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 interact rate* and enter the sum here	—
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	
x 0.00274	
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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
Owner	
Owner Address ID number	
Owner Address	

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 th 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.