This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

### SA1-2E Short Form

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2/18/2022	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting		20212 Barcode Data Filing Period (optional - see instructions)							
Period									
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Bridge Water Telephone Company							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		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)							
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
	name	s 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.  MAILING ADDRESS OF CABLE SYSTEM:							
		MARIENO ADDITEO OF GADEL OF OTHER.							
	2	(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.

Accounting Period:	2021/02	
tocounting i criou.	2027,02	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
- Italiio	Bridge Water Telephone Company	63397
D Area	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commununicorporated areas). 47 C.F.R. 76.5(dd). The first community that you list will serve community. Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile homotity.	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Served	City.	
	CITY OR TOWN	STATE
First Community	Monticello	MN
Add Rows as Necessary		

Accounting Period: 2021/02
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Bridge Water Telephone Company

SYSTEM ID# 63397

# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS	NAIL	CATEGORY OF SERVICE	SUBSCRIBERS	NATE	
Service to first set	520	\$25/mo				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	5	\$59.04/mo				
Converter						
Residential	520	\$6/Mo.				
Non-residential						
		r			ſ	

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$8.00-\$15.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		• Commercial \$0 - \$50.00			
Fire protection		Pay cable			
•Burglar protection	Pay cable-add'l channel				
Installation: Residential		Fire protection			
• First set	\$0-\$50.00	Burglar protection			
Additional set(s)	\$0-\$50.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$0-\$25.00		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2021/02 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63397

## Bridge Water Telephone Company

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSTP	42.1	N	St. Paul, MN
KSTP-DT2	42.2	N	St. Paul, MN
KSTP-DT3	42.3	N	St. Paul, MN
KARE	11.1	N	Minneapolis, MN
KARE-DT2	11.2	N-M	Minneapolis, MN
KARE-DT3	11.3	N-M	Minneapolis, MN
KARE-DT4	11.4	N-M	Minneapolis, MN
KMSP	9.1	N	Minneapolis, MN
KMSP-DT4	9.4	N-M	Minneapolis, MN
KPXM	41.1	I	St. Cloud, MN
кэтс	5.1	I	Minneapolis, MN
KSTC-DT3	5.3	I-M	Minneapolis, MN
KSTC-DT4	5.6	I-M	Minneapolis, MN
KSTC-DT6	5.6	I-M	Minneapolis, MN
KTCA	2.1	E	St. Paul, MN
KTCA-DT2	2.2	E-M	St. Paul, MN
ктсі	17.1	E	St. Paul, MN
wcco	4.1	N	Minneapolis, MN
WCCO-DT2	4.2	N-M	Minneapolis, MN
WFTC	29.1	l l	Minneapolis, MN
WFTC-DT3	29.3	I-M	Minneapolis, MN
wucw	23.1	l l	Minneapolis, MN
WUCW-DT2	23.2	I-M	Minneapolis, MN
WUCW-DT3	23.3	I-M	Minneapolis, MN

Accounting Period: 2021/02 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63397

Bridge Water Telephone Company

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WUCW-DT4	23.4	I-M	Minneapolis, MN
KJNK	25.1	N	Minneapolis, MN
KJNK-DT2	25.2	N-M	Minneapolis, MN
KJNK-DT3	25.3	N-M	Minneapolis, MN
KJNK-DT4	25.4	N-M	Minneapolis, MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Bridge Water Telephone Company**

63397

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

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CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	4. 2021/02						FOE	M CA4 OF DAGE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FUR	SYSTEM ID#	
Name	Bridge Water Telephor							63397	
ı	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a	ify every non	<i>network televis</i> eriod, under spe	ion program, broadcast by ecific present and former F0	a <i>distant</i> statio CC rules, regula	ations, or a	authorizations	. For a further	
Substitute	explanation of the programm				e general instr	uctions in	the paper SA	1-2 form.	
Carriage: Special	1. SPECIAL STATEMENT CONCENTING SUBSTITUTE CANNIAGE								
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork tele	vision progra		
Program Log	broadcast by a distant stat	tion?					YES	X NO	
	Note: If your answer is "No	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ust comple	ete the progra	am	
	log in block 2.				·				
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.								
	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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PRER OF CABLE SYSTEM:  Telephone Company  PTS  In the figure you give in this spens receipts) paid to your control of the figure you give in this spens receipts are counting period.  In the figure you give in this spens receipts are counting period.  In the figure you give in this spens receipts are counting period.  In the figure you give in this spens receipts are counting period.  In the figure you give in this spens receipts are counting for some receipts are counting for some receipts are counting for some receipts are counting period.  In the figure you give in this spens receipts are counting period.  In the figure you give in this spens receipts are counting period.  In the figure you give in this spens receipts are counting period.  In the figure you give in this spens receipts from spe	pace determines the sable system by sunting period. For a sed in the paper SA: econdary transmis	ubscribers for the a further explan. 1-2 form. ssion service(s) concerning grossore than \$137,1 fore than \$263,8 fore than \$263,8 for the special form for more than \$263,8 form f	ne system's action of how )	than or equal than \$527,600 nn.  R LESS tyou must pay  12	Enter the total of nsmission service his amount, see  \$ 14! (Amount of gr)  to \$263,800  for this six-month   37,100)  00  12  38  149,439.12  114,360.88  35,078.24	9,439.12 oss receipts)
PTS If gure you give in this sps receipts) paid to your capace E) during the accoureneral instructions located to from subscribers for secounting period	pace determines the sable system by sunting period. For a sed in the paper SA: econdary transmis	ubscribers for the a further explan. 1-2 form. ssion service(s) concerning grossore than \$137,1 fore than \$263,8 fore than \$263,8 for the special form for more than \$263,8 form f	ne system's action of how )	than or equal than \$527,600 nn.  R LESS tyou must pay  12	smission service is amount, see  \$ 14* (Amount of gr  to \$263,800  for this six-month   37,100)  00  12  38  149,439.12  114,360.88  35,078.24	9,439.12 oss receipts)
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is \$52.00  If for accounting period  PALTY FEE PAYABLE F  BLOCK 2: GROSS  Inder statutory formula  If gross receipts from space  From line 1  Int of gross receipts from space  From line 3  From line 4  Y .005 (enter figure here)	om line 4, space Q, FOR ACCOUNTING B RECEIPTS OF \$ e K	g PERIOD. Add \$263,800 OR I	d lines 1 and LESS (but i	263,800.0 149,439.1 114,360.8 \$	37,100) 00 12 88 149,439.12 114,360.88 35,078.24	
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gross receipts from space rom line 1	e K		\$	149,439.1 114,360.8 \$ \$	12 38 149,439.12 114,360.88 35,078.24	175.39
rom line 1	pace K		\$	\$ \$ \$	149,439.12 114,360.88 35,078.24	175.39
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rom line 4				\$	114,360.88 35,078.24	175.39
rom line 4				\$	35,078.24	175.39
y .005 (enter figure here) .					<u> </u>	175.39
					. \$	175.39
Enter the amount from lin	ne 4, space Q, page					
		je 8			• •	0.00
TY FEE PAYABLE FOR A	ACCOUNTING PE	RIOD. Add line	es 7 and 8		\$	175.39
BLOCK 3: GROSS F	RECEIPTS OF M	ORE THAN \$2	263,800 (b	ut less than \$5	527,600)	
nt of gross receipts from sp	naca K					
nder statutory formula				263,800.0		
rom line 1				203,000.0	<u> </u>	
y .01					<u> </u>	
the first \$263,800 of gross					1,319.00	
		•	,			
				-		
IT FEE PATABLE FOR A	ACCOUNTING PER	RIOD. Add line	:5 4, 5, and t			
FILING FEI	E AND TOTAL R	REMITTANCE	DUE			
yable for Accounting Perio	od (from Block 1, 2,	, or 3, above)		\$	175.39	
the instructions for more in	information on filing	g fee calculation	าร)	<u>\$</u>	20.00	
IT DUE FOR ACCOUNTIN	NG PERIOD. Add	lines 2 and 3.			\$	195.39
/	FILING FE able for Accounting Periodic instructions for more	FILING FEE AND TOTAL F able for Accounting Period (from Block 1, 2) the instructions for more information on filing	FILING FEE AND TOTAL REMITTANCE able for Accounting Period (from Block 1, 2, or 3, above) the instructions for more information on filing fee calculation T DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3.	FILING FEE AND TOTAL REMITTANCE DUE  able for Accounting Period (from Block 1, 2, or 3, above)	TY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	FILING FEE AND TOTAL REMITTANCE DUE  able for Accounting Period (from Block 1, 2, or 3, above)

Accounting Period:	2021/02								FORM SA1-2E. P	PAGE 7.
Name	LEGAL NAME OF OWNER OF Bridge Water Telephon								SYSTE 6	EM ID# 63397
M Channels	CHANNELS Instructions: You must of to its subscribers, and (2)  1. Enter the total number system carried televisi  2. Enter the total number on which the cable system and nonbroadcast series.	) the cable system's of channels on which on broadcast station of activated channels stem carried television	total nur ch the ca ns els on broad	mber of act able	ivated channels d	uring the a	accounting period.	ions	29 156	
N Individual to Be Contacted	INDIVIDUAL TO BE COI we can contact about this			FORMATIO	N IS NEEDED (Ide	entify an i	ndividual to whom			
for Further Information		anie Weber unction Rd					Teleph	one (608) 66	4-4721	
	(Number,	street, rural route, apartr son, WI 53593 n, state, zip)	tment, or su	uite number)						
	Email	Finance@tdsteleco	om.com				Fax (optional			
O Certification	(Agent of owner in line 1 o	r certify that (Check or nan corporation or prother than corporation of prother than corporation space B and that the ner) I am an officer (in space B).  ment of account and orrect to the best of ment 1986)]	ation or pare owner if if a corpor hereby day knowled	partnership is not a corporation) or a declare underedge, inform	the boxes.) e owner of the cable of I am the duly autionation or partners partner (if a partner or penalty of law tha ation, and belief, and aron V. Tisdale signature on the line g an "/s/ signature"  n V. Tisdale asurer	e system a horized ag ship; or ership) of that all stater and are made eabove to (e.g., /s/	as identified in line 1 of spa ent of the owner of the cal he legal entity identified as ments of fact contained he de in good faith.	oce B; or ole system as id		
		(Tit Date:	itle of officia	ial position he	ld in corporation or pa	rtnership)	February 18, 2022			

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.

ounting Period: 2021/02	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dge Water Telephone Company	63397
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?  X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$  Name Mailing Address Mailing Address	
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
contact the Licensing Division at (202) 707-8150 or licensing@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	
ID number First community served Accounting period	

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