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

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

n the first tab	of this	
Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/02 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20212 Barcode Data Filing Period (optional - see instructions)
Accounting 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
		UTELCO, LLC
		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 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:
		MAILING ADDRESS OF GADLE STSTEM.
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	·	
Privacy Act Notic	e: Section	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

2/18/2022

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.

Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

STATEMENT OF ACCOUNT for Secondary Transmissions by

E

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	UTELCO, LLC	634
D	Instructions: List each separate community served by the cable system. A "comn separate and distinct community or municipal entity (including unincorporated c unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mob	communities within unincorporated areas and including single, disc ill serve as a form of system identification hereafter known as the "
Area Served	city.	
	CITY OR TOWN	STATE
First Community	Monroe	WI
Community		
d Rows as Necessary		
,		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						515	TEM II 6344
	UTELCO, LLC								004
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	IBERS AND RA	TES				
E	In General: The information in s	•		•					
Secondary	system, that is, the retransmissi about other services (including r								
Transmission	last day of the accounting period	d (June 30 or D	ecemb	er 31, as the cas	e may be	e).		C C	
Service: Sub-	Number of Subscribers: Bot	•					2		
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
nutoo	separately for the particular serv		-	•••		•	0	onargou	
	Rate: Give the standard rate of	•						-	
	unit in which it is generally billed category, but do not include disc	• •		,	y standa	rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion serv	ice that cable	
	systems most commonly provid								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of							.	
	Block 2: If your cable system printed in block 1 (for example, the system)	0		-					
	with the number of subscribers a								
	sufficient.		5			I			
	BL	OCK 1 NO. OF					BLOC	K 2 NO. OF	r –
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		1,284	\$25/mo					ļ
	 Service to additional set(s) 								ļ
	• FM radio (if separate rate)								ļ
	Motel, hotel		46	¢50.04/mg					.
	Commercial Converter		16	\$59.04/mo					<u>+</u>
	Residential		1,284	\$6/Mo.					<u>+</u>
	Non-residential		1,204	¢0/1110.					<u> </u>
				······					••••••
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		-				
•	not covered in space E, that is, service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the u		usually	y billed. If any rat	es are ch	narged on a var	iable per-p	program basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cab	le system for ead	h of the	applicable servi	ices listed		
Rates	Block 2: List any services that	t your cable sy	stem fu	Irnished or offere	d during	the accounting	period tha	t were not	
	listed in block 1 and for which a		,		hed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	ption and includ	ie the r	ate for each.			T		
		BLO			105	DATE	0.475.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SERV ation: Non-resid		RATE	CATEG	ORY OF SERVICE	RA
	Pay cable	\$8.00-\$15.00		otel, hotel	Jentiai				
	• Pay cable—add'l channel			ommercial		\$0 - \$50.00			<u> </u>
	Fire protection		•Pa	y cable					1
	•Burglar protection		•Pa	y cable-add'l cha	annel				I
	Installation: Residential		• Fir	e protection					ļ
	• First set	\$0-\$50.00		rglar protection					ļ
	Additional set(s)	\$0-\$50.00		services:					ļ
	• FM radio (if separate rate)			econnect		\$0-\$25.00			.
	Converter		• Dis	sconnect					ļ
			. ^	that ralesst		40.00.00.00			
				utlet relocation	ee	19.98-39.96			

· -	LEGAL NAME OF OWNER O)F CABLE SYSTEM:		SYSTEM					
Name	UTELCO, LLC			63					
	PRIMARY TRANSMITTERS:	TELEVISION							
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 Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her	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. 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 <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							
	basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann	also in space I, if the station was carried b ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a the form. nel number the FCC assigned to the televis	ee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo	tions. PN, etc. Identify each ort multistream					
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	VRC is channel 4 in Washington, D.C. h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or ' terms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the	r network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station	pendent), "I-M" tional multicast). I is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	wkow	27.1	Ν	Madison, WI					
	WKOW-DT2	27.2	N-M	Madison, WI					
Rows as Necessary	WKOW-DT3	27.3	N-M	Madison, WI					
Rows as Necessary	WKOW-DT3 WKOW-DT4	27.3 27.4	N-M N-M	Madison, WI Madison, WI					
Rows as Necessary									
Rows as Necessary	WKOW-DT4	27.4	N-M	Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5	27.4 27.5	N-M N-M	Madison, WI Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC	27.4 27.5 3.1	N-M N-M N	Madison, WI Madison, WI Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2	27.4 27.5 3.1 3.2	N-M N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3	27.4 27.5 3.1 3.2 3.3	N-M N-M N N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN	27.4 27.5 3.1 3.2 3.3 47.1	N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2	27.4 27.5 3.1 3.2 3.3 47.1 47.2	N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3	N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4	N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT3 WMSN-DT4 WMTV	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1	N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 15.1 15.2	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT3 WMTV-DT4	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT4 WMTV-DT5	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6 21.1	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT2 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA WHA-DT2	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6 21.1 21.2	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI					
Rows as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6 21.1	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI					

unting Period:				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
	UTELCO, LLC			634
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part-time	e basis under
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations ca	1(e)(2) and (4))]; and (2) certain station	ns carried on a
Television	basis under specific FCC ru • Do <i>not</i> list the station here	ules, regulations, or authorizations: e in space G—but do list it in space I (th		
		a substitute basis. also in space I, if the station was carried on concerning substitute basis stations,		
	Column 1: List each station multicast stream associated	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	rogram services such as HBO, ESPN,	, etc. Identify each
		el number the FCC assigned to the tele	vision station for broadcasting over the	e air in its community
	Column 3: Indicate in each	RC is channel 4 in Washington, D.C. a case whether the station is a network s	, , , ,	
	educational station, by ente	ring the letter "N" (for network), "N-M" (for network multicast), "I" (for independ	
	(for independent multicast).		or "E-M" (for noncommercial education	al multicast).
	For the meaning of these te	, "E" (for noncommercial educational), c erms, see page (iv) of the general instru	ctions in the paper SA1-2 form.	,
	For the meaning of these te Column 4: Give the location	, "E" (for noncommercial educational), c	ctions in the paper SA1-2 form. the community to which the station is	licensed by the
	For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list	ctions in the paper SA1-2 form. the community to which the station is	licensed by the
	For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list	ctions in the paper SA1-2 form. the community to which the station is	licensed by the
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), c erms, see page (iv) of the general instru- or of each station. For U.S. stations, list dian stations, if any, give the name of th dian stations.	in the paper SA1-2 form. the community to which the station is the community with which the station is	licensed by the identified.

EGAL NAME OF JTELCO, LL								SYSTEM I 634
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to mation about m. lentify the call tate whether to the radio stati this by placing ive the station	the sys be recei the Co sign of e he static ion's sign a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes c mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see pag ed by the cable sy e station is licens	dend, and (2) na, during ce e (v) of the ge estem as a sep ed by the FCC	it can b rtain sta neral in: parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A		5,0		C. LE CION	, of 1 M	5,0		
<u>v</u>								

Accounting Perio						FORM	M SA1-2E. PAGE 5
Nome	LEGAL NAME OF OWNER O	F CABLE SYST	TEM:				SYSTEM ID#
Name	UTELCO, LLC						63440
				T AND PROGRAM LOG			
Substitute	substitute basis during the	accounting pe	eriod, under spe	<i>ion program,</i> broadcast by a ecific present and former FC this log, see page (v) of the	C rules, regulati	ions, or authorizations.	For a further
Carriage: Special	1. SPECIAL STATEMEN	NT CONCER	NING SUBSTI	TUTE CARRIAGE			
Statement and	 During the accounting period 	eriod, did you	r cable system	carry, on a substitute basi	s, any nonnetw	ork television prograr	
Program Log	broadcast by a distant st	ation?				YES	X NO
		lo", leave the	rest of this pag	je blank. If your answer is '	"Yes," you mus	t complete the progra	m
	log in block 2. 2. LOG OF SUBSTITUT		Me				
	In General: List each sub	stitute progra	im on a separa	te line. Use abbreviations	wherever possi	ible, if their meaning is	6
		e of every no	nnetwork telev	rows to the tables. ision program ("substitute ur cable system substitute			
		ories like "mo		s. See page (v) of the gene tball." List specific progran			
	Column 3: Give the ca	Il sign of the s	station broadca	r "Yes." Otherwise enter "N asting the substitute progra ne community to which the	m.	sed by the ECC or in	
	the case of Mexican or Ca Column 5: Give the me	anadian static onth and day	ons, if any, the	community with which the tem carried the substitute	station is identi	fied).	nth
		mes when the	•	gram was carried by your ed by a system from 6:01:			ely
	to delete under FCC rules	etter "R" if the and regulation	ons in effect du	was substituted for progra iring the accounting period is permitted to delete unde	; enter the lette	er "P" if the listed prog	
	effect on October 19, 197	6.					
			E PROGRAM		CARRIA	SUBSTITUTE GE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	
	N/A						
						_	
						_	
						_	
						_	

Accounting Period:	2021/02 FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S	STEM ID# 63440
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	271.85 s receipts)
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 \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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 this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	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 \$137,100)	
	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 \$ 372.271.85	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1 \$ 108,471.85	
	4. Multiply line 3 by .01\$ 1,084.72	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 2,	403.72
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 2,	423.72
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/02	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: UTELCO, LLC	SYSTEM ID# 63440
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	23
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Stephanie Weber Telephone (608) 664-4721
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53593 (City, town, state, zip) Email Finance@tdstelecom.com Fax (optional	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	stem as identified
	[18 U.S.C., Section 1001(1986)] X /s/ Sharon V. Tisdale Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Sharon V. Tisdale Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
	Date: 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.

	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
TELCO, LLC	63440
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 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 located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners? X NO Mame Mailing Address	sub- Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym 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 neumant or undernaument	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days

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.