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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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
		Riverside Telecom, 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 sulte 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:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	•	·
Brivacy Act Notic	o. Sactio	n 111 of tille 17 of the United States Code authorizes the Convricts Office to collect the personally identifying information /PIII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

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 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Riverside Telecom, LLC	635
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated counincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wil community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobi	ommunities within unincorporated areas and including single, discre Il serve as a form of system identification hereafter known as the "fi
Area Served	city.	
_	CITY OR TOWN	STATE
First Community	Johnson Creek	WI
dd Rows as Necessary		

								FORM SA	STEM I
Name	LEGAL NAME OF OWNER OF C							51	635
	Riverside Telecom, LLC	,							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmissi	•		0					
Secondary	about other services (including								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar						5	,	
Rates	each category by counting the n			•					
	separately for the particular serv	vice at the rate ir	ndicated-	-not the numb	er of set	s receiving ser	vice).	C C	
	Rate: Give the standard rate of unit in which it is generally billed	-						-	
	category, but do not include disc	· · ·	,		/ standar	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block	(in space E, the	form lists	the categorie		•			
	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					aamulaa that aw	different	fuene these	
	Block 2: If your cable system printed in block 1 (for example, t	•		-					
	with the number of subscribers a					,		, 0	
	sufficient.								
	BL	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		200	\$25/mo					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential		200	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC In General: Space F calls for ra				pect to al	l vour cable sve	stom's sor	vices that were	
F	not covered in space E, that is,	•	,	-		• •			
	service for a single fee. There a	re two exception	ns: you do	not need to g	ive rate i	nformation con	cerning (1) services	
Services	furnished at cost or (2) services	or facilities furni	ished to n	onsubscribers	s. Rate in				
Other Then		nit in which it ic u	iouolly hill	ad If any rate	a ara ah	arged on a ver			
Other Than Secondarv	amount of the charge and the un enter only the letters "PP" in the		usually bill	ed. If any rate	es are ch	arged on a var	lable per-p	iogram baolo,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra	rate column. te charged by th	ie cable sy	/stem for eac	h of the a	applicable servi	ces listed.	-	
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	rate column. te charged by th t your cable syst	ie cable sy tem furnis	/stem for eac hed or offered	h of the a d during t	applicable servi he accounting	ces listed. period tha	t were not	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by th t your cable syst separate charge	ie cable sy tem furnis e was mac	/stem for eac hed or offered le or establish	h of the a d during t	applicable servi he accounting	ces listed. period tha	t were not	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	rate column. te charged by th t your cable syst separate charge btion and include	te cable sy tem furnis e was mac e the rate	/stem for eac hed or offered le or establish	h of the a d during t	applicable servi he accounting	ces listed. period tha	t were not e form of a	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by th t your cable syst separate charge otion and include BLOC	te cable sy tem furnis was mac the rate	/stem for eac hed or offered le or establish for each.	h of the a d during t ned. List f	applicable servi he accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by th t your cable syst separate charge otion and include BLOC RATE	te cable sy tem furnis e was made the rate CK 1 CATEGOP	/stem for eac hed or offered le or establish	h of the a d during t ned. List f	applicable servi he accounting	ces listed. period tha vices in th	t were not e form of a	E RA1
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by th t your cable syst separate charge otion and include BLOC RATE	te cable sy tem furnis e was made the rate CK 1 CATEGOP	ystem for eac hed or offered le or establish for each. RY OF SERVI n: Non-resid	h of the a d during t ned. List f	applicable servi he accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	E RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by th t your cable syst separate charge biton and include BLOC RATE	te cable sy tem furnis e was made the rate K 1 CATEGOF	ystem for eac hed or offered le or establish for each. RY OF SERVI n: Non-resid hotel	h of the a d during t ned. List f	applicable servi he accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	E RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by th t your cable syst separate charge biton and include BLOC RATE	e cable sy tem furnis e was made the rate K 1 CATEGOF Installatio • Motel,	vstem for eac hed or offered le or establish for each. RY OF SERVI n: Non-resid hotel ercial	h of the a d during t ned. List f	applicable servi he accounting these other ser RATE	ces listed. period tha vices in th	t were not e form of a BLOCK 2	E RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by th t your cable syst separate charge biton and include BLOC RATE	e cable sy tem furnis e was made the rate K 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca	ystem for eac hed or offered le or establish for each. <u>RY OF SERVI</u> n: Non-resid hotel ercial ible ible-add'I cha	h of the a d during t ned. List f CE ential	applicable servi he accounting these other ser RATE	ces listed. period tha vices in th	t were not e form of a BLOCK 2	E RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	rate column. te charged by th t your cable syst separate charge otion and include BLOC RATE (\$8.00-\$15.00	e cable sy tem furnis e was made the rate CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr	ystem for eac hed or offered le or establish for each. <u>RY OF SERVI</u> n: Non-resid hotel ercial hble uble-add'l cha otection	h of the a d during t ned. List f CE ential	applicable servi he accounting these other ser RATE	ces listed. period tha vices in th	t were not e form of a BLOCK 2	E RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by th t your cable syst separate charge otion and include BLOC RATE (\$8.00-\$15.00 \$0-\$50.00	e cable sy tem furnis e was made the rate K 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla	ystem for eac hed or offered le or establish for each. RY OF SERVI n: Non-resid hotel ercial ible ible-add'l cha otection r protection	h of the a d during t ned. List f CE ential	applicable servi he accounting these other ser RATE	ces listed. period tha vices in th	t were not e form of a BLOCK 2	E RA1
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Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by th t your cable syst separate charge otion and include BLOC RATE (\$8.00-\$15.00 \$0-\$50.00	te cable sy tem furnis was made the rate K 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon	vstem for eac hed or offered le or establish for each. RY OF SERVI n: Non-resid hotel ercial uble ercial uble-add'I cha otection r protection vices: nect	h of the a d during t ned. List f CE ential	applicable servi he accounting these other ser RATE	ces listed. period tha vices in th	t were not e form of a BLOCK 2	ERAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by th t your cable syst separate charge otion and include BLOC RATE (\$8.00-\$15.00 \$0-\$50.00	e cable sy tem furnis e was made the rate CATEGOF installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor	vstem for eac hed or offered le or establish for each. RY OF SERVI n: Non-resid hotel ercial uble ercial uble-add'I cha otection r protection vices: nect	h of the a d during t ned. List f CE ential	Pplicable servi he accounting these other ser RATE \$0 - \$50.00	ces listed. period tha vices in th	t were not e form of a BLOCK 2	

Nomo	LEGAL NAME OF OWNER O	JF CABLE SYSTEM:		SYSTEM					
Name	Riverside Telecom, L	LC		63					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	-	lentify every television station (including tra em during the accounting period, except (1	-						
-	FCC rules and regulations	in effect on June 24, 1981, permitting the	e carriage of certain network progra	ams [sections					
Primary Insmitters:		(e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain sta	itions carried on a					
elevision	Substitute Basis Stations	s: With respect to any distant stations carr	ried by your cable system on a sul	bstitute 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								
	 station was carried only on List the station here, and 	n a substitute basis. also in space I, if the station was carried b	both on a substitute basis and als	o on some other					
	basis. For further information	ion concerning substitute basis stations, se	see page (v) of the general instruct	tions.					
		on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	•						
	"WETA-2" as the same on Column 2: Give the chann	n the form. nel number the FCC assigned to the televis	ision station for broadcasting over	the air in its community					
	of license. For example, W	WRC is channel 4 in Washington, D.C.	ů	,					
		ch case whether the station is a network state ering the letter "N" (for network), "N-M" (for	· · ·						
	· · · /), "E" (for noncommercial educational), or ' terms, see page (iv) of the general instruct	i i	ional multicast).					
	Column 4: Give the location	on of each station. For U.S. stations, list th	he community to which the station	5					
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	community with which the station	is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WISN WISN-DT2	12.1	<u>N</u> N-M	Milwaukee, WI Milwaukee, WI					
	WISN-DT2	58.1	N	Milwaukee, WI					
ows as Necessary	WBME-CD	58.2	 	Milwaukee, WI					
	WITI	6.1	N	Milwaukee, WI					
	WITI-DT2	6.2	N-M	Milwaukee, WI					
	WTMJ	4.1	<u>N</u>	Milwaukee, WI					
	WTMJ-DT2	4.1	N-M	Milwaukee, WI					
	WTMJ-DT2	4.2	N-M	Milwaukee, Wi					
	WTMJ-DT4	4.4	N-M	Milwaukee, WI					
	WTMJ-DT5	4.5	N-M	Milwaukee, WI					
		49.1	I	Racine, WI					
		49.2	I-M	Racine, WI					
		49.3	I-M	Racine, WI					
		49.4	I-M	Racine, WI					
		18.1	<u> </u>	Milwaukee, WI					
	WVTV-DT2	18.2	I-M	Milwaukee, WI					
	WVTV-DT3	18.3	I-M	Milwaukee, WI					
	WVTV-DT4	18.4	I-M	Milwaukee, WI					
		63.1	I	Milwaukee, WI					
	WYTU								
	WYTU WYTU-DT2	63.2	I-M	Milwaukee, WI					
			I-M	Milwaukee, WI Kenosha, WI					
	WYTU-DT2	63.2	I-M I E						

Nama	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM I
Name	Riverside Telecom, L	LC		635
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	1) stations carried only on a part-t	ime basis under
Primary Fransmitters: Television	substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V	also in space I, if the station was carried I ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a	rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc ogram services such as HBO, ES air designation. For example, rep	ibstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream
	Column 2. Indicate in cool	h agaa whathar the station is a natwork at	ation on independent station or a	a noncommorpial
	educational station, by enter (for independent multicast) For the meaning of these t Column 4: Give the location	h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station	pendent), "I-M" tional multicast). h is licensed by the
	educational station, by enter (for independent multicast) For the meaning of these t Column 4: Give the location	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th	or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station	pendent), "I-M" tional multicast). h is licensed by the
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list tl adian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station e community with which the station	pendent), "I-M" tional multicast). n is licensed by the n is identified.
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station a community with which the station 3. TYPE OF STATION	bendent), "I-M" tional multicast). In is licensed by the In is identified. 4. LOCATION OF STATION
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 36.1	or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station community with which the station 3. TYPE OF STATION E	bendent), "I-M" tional multicast). In is licensed by the In is identified. 4. LOCATION OF STATION Milwaukee, WI
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT WMVT-DT3	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 36.1 36.2	or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station community with which the station 3. TYPE OF STATION E	bendent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI
	educational station, by enter (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT WMVT-DT3 WVCY	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 36.1 36.2 30.1	or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station a community with which the station 3. TYPE OF STATION E E-M I	bendent), "I-M" tional multicast). a is licensed by the a is identified. 4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI
	educational station, by enter (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT WMVT-DT3 WVCY	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 36.1 36.2 30.1	or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station a community with which the station 3. TYPE OF STATION E E-M I	bendent), "I-M" tional multicast). a is licensed by the a is identified. 4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI
	educational station, by enter (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT WMVT-DT3 WVCY	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 36.1 36.2 30.1	or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station a community with which the station 3. TYPE OF STATION E E-M I	bendent), "I-M" tional multicast). a is licensed by the a is identified. 4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI Milwaukee, WI
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EGAL NAME OF			ISTEM.					SYSTEM I 635
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
ecceivable 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 prmation about m. lentify the call tate whether to the radio stati this by placing ive the station	the sys be receir the Co sign of e he static on's sign a check i's locatio	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 a 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 anten his point, see pag ed by the cable sy e station is licens	idend, and (2) nna, during ce e (v) of the ge ystem 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	
		5,0				5,0		
N/A								

Accounting Peric						FORM	A SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER O		TEM:				SYSTEM ID#
INAITIE	Riverside Telecom, L	LC					63572
I	In General: In space I, ide	ntify every nor	nnetwork televis	T AND PROGRAM LOG			
Substitute				ecific present and former FC i this log, see page (v) of the			
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	During the accounting p	eriod, did you	r cable system	carry, on a substitute basi	is, any nonnetv	vork tele <u>vision</u> prograr	<u>n</u>
Program Log	broadcast by a distant st	ation?				YES	× NO
	Note: If your answer is "N	lo", leave the	rest of this pag	ge blank. If your answer is '	"Yes," you mus	st complete the progra	
	log in block 2.						
	2. LOG OF SUBSTITUT		-				
	In General: List each sub clear. If you need more sp			te line. Use abbreviations rows to the tables	wherever poss	ible, if their meaning is	5
				ision program ("substitute	program") that,	, during the accounting	9
				ur cable system substitute		•	
				s. See page (v) of the gene etball." List specific program			
	"NBA Basketball: 76ers v		VIES OF DASKE	toali. List specific program		inple, Those budy of	
	1 0		,	r "Yes." Otherwise enter "N			
				asting the substitute progra ne community to which the		sed by the FCC or, in	
				community with which the			
	Column 5: Give the me first. Example: for May 7 g		when your sys	tem carried the substitute	program. Use r	numerals, with the mo	nth
			e substitute pro	gram was carried by your	cable system. I	List the times accurate	ely
			•	ed by a system from 6:01:			5
	stated as "6:00–6:30 p.m.		listed program	was substituted for progra	mming that vo	ur avatam waa roquira	d
				was substituted for progra iring the accounting period		•	
	was substituted for progra	amming that y		as permitted to delete unde			
	effect on October 19, 197	6.					
					WHEN	SUBSTITUTE	
		SUBSTITUT	E PROGRAM	 	CARRIA	GE OCCURRED	 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	DELETION
	N/A					_	
						—	
						_	
						_	
						_	
						_	
						_	
			+				

Accounting Period:	2021/02 FORM SA1-	2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS Riverside Telecom, LLC	TEM ID# 63572
		03572
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 pape 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.	44.57 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	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 \$137,100)	
	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	
	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	
	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 Due	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)	
	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 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: Riverside Telecom, LLC	SYSTEM ID# 63572
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	28 159
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 Einance@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 F (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as own (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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. [18 U.S.C., Section 1001(1986)]	ystem as identified
	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.

ounting Period: 2021/02	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
verside Telecom, LLC	63572
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here x	
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	
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	
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	
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	
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	

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 filing, a determination that would be made by a court of law.