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

## 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

in the first tab	of this	s workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERE	ED BY THIS STATEMENT: (YYY)	(/(Period))	
		2021/02	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20	20212 Barcode Data Filing Period (optional - s	ee instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner the subsidiary, not that of the parent	r of the cable system. If the owner is a subsidiary t corporation.	of another corporation, give the full corpo	rate title of
Owner		List any other name or names under v	which the owner conducts the business of the ca	ble system.	
			g the accounting period, only the owner on the la e payment covering the entire accounting period.		
		Check here if this is the system's first	t filing. If not, enter the system's ID number assig	ned by the Licensing Division.	63632
		LEGAL NAME OF OWNER/MAIL	ILING ADDRESS OF CABLE SYSTEM		
		Grantland Telecom LLC			
		BUSINESS NAME(S) OF OWNER	R OF CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER			
		525 Junction Road	R OF CABLE STSTEM		
		(Number, street, rural route, apartment, or se	suite number)		
		Madison, WI 53717 (City, town, state, zip)			
С			business or trade names used to identify I line 2, give the mailing address of the s		
System	1	IDENTIFICATION OF CABLE SYSTEM	EM:		
		TDS Telecom, Inc.			
		MAILING ADDRESS OF CABLE SYS	SIEM:		
	2	(Number, street, rural route, apartment, or si	suite number)		
		(City, town, state, zip code)			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Grantland Telecom LLC	630
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated communitor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	unities within unincorporated areas and including single, discure as a form of system identification hereafter known as the "
Area Served	city.	
First	CITY OR TOWN Fennimore	STATE WI
First Community	Bagley	WI
-	Bloomington	wi wi
d Rows as Necessary	Patch Grove	WI
, <b>,</b>		

								FORM SA1	TEM II
Name								515	636
	Grantland Telecom LLC	,							0000
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCR	IBERS AND RA	TES				
E	In General: The information in s	•		U U		-			
Secondary	system, that is, the retransmissi about other services (including provide the services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	•					5	,	
scribers and Rates	down by categories of secondar each category by counting the n					•			
Rales	separately for the particular serv	•						charged	
	Rate: Give the standard rate of	charged for each	i categ	gory of service.	Include bo	oth the amount o	of the char		
	unit in which it is generally billed	· ·		,	ny standa	rd rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondarv transmis	sion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					a in the count un	der "Servi	ce to the	
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example,								
	with the number of subscribers a	and rates, in the	right-l	hand block. A t	vo- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	• Service to first set		560	\$25/mo					
	Service to additional set(s)		500	\$25/110					<u>+</u>
	• FM radio (if separate rate)								<u>+</u>
	Motel, hotel								<u>+</u>
	Commercial		2	\$59.04/mo					<u>+</u>
	Converter								<u>+</u>
	Residential		560	\$6/Mo.					<u>+</u>
	Non-residential								1
									1
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ran not covered in space E, that is,	,	,		-	• •			
•	service for a single fee. There a								
Services	furnished at cost or (2) services				0		0.0		
Other Than	amount of the charge and the un		usually	y billed. If any ra	ites are ch	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		e cab	le system for e	ch of the	annlicable servi	has listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other ser	ices in the	e form of a	
			e the r	ata far agab					
	brief (two- or three-word) descrip	otion and include		ale iui each.					
	brief (two- or three-word) descrip	BLOC	K 1					BLOCK 2	
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLOC		GORY OF SER	/ICE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services:	BLOC RATE C	CATE			RATE	CATEG		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE C	CATE nstall • Mo	GORY OF SER ation: Non-res			CATEG		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC RATE C	CATE nstall • Mo • Co	GORY OF SER ation: Non-res otel, hotel mmercial		RATE \$0 - \$50.00	CATEG		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE C	CATE nstall • Mo • Co • Pa	GORY OF SER ation: Non-res otel, hotel mmercial y cable	idential		CATEG		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLOC RATE C	CATE nstall • Mc • Co • Pa • Pa	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch	idential		CATEG		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE ( \$8.00-\$15.00	CATEC nstall • Mc • Co • Pa • Pa • Fir	GORY OF SER ation: Non-res otel, hotel ommercial y cable y cable-add'l ch e protection	idential		CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE ( \$8.00-\$15.00 \$0-\$50.00	CATEC nstall • Mc • Co • Pa • Pa • Fir • Bu	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential		CATEG		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE ( \$8.00-\$15.00 \$0-\$50.00	CATEC nstall • Mc • Co • Pa • Pa • Fir • Bu Other	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential	\$0 - \$50.00	CATEG		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE ( \$8.00-\$15.00 \$0-\$50.00	CATEC nstall • Mc • Co • Pa • Pa • Fir • Bu Other • Re	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	idential		CATEG		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE ( \$8.00-\$15.00 \$0-\$50.00	CATEC nstall • Mc • Co • Pa • Pa • Fir • Bu Other • Re • Dis	GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential	\$0 - \$50.00	CATEG		RA

Nomo	LEGAL NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM
Name	Grantland Telecom L	LC			63
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters:	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a	entify every television station (including tra em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the ( (e)(2) and (4), or 76.63 (referring to 76.61( as explained in the next paragraph.	<ol> <li>stations carried only on a part-ti carriage of certain network progra e)(2) and (4))]; and (2) certain state</li> </ol>	ime basis under ams [sections ttions carried on a	
Television		s: With respect to any distant stations carri rules, regulations, or authorizations:	ied by your cable system on a sub	bstitute program	
		re in space G—but do list it in space I (the	Special Statement and Program	Log)—if the	
	• List the station here, and a basis. For further information	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 prog	ee page (v) of the general instruct	tions.	
	multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann	ed with a station according to its over-the-ai the form. nel number the FCC assigned to the televis	ir designation. For example, repo	ort multistream	
	<b>Column 3:</b> Indicate in each educational station, by enter	VRC is channel 4 in Washington, D.C. h case whether the station is a network sta ering the letter "N" (for network), "N-M" (for	r network multicast), "I" (for indep	endent), "I-M"	
	For the meaning of these te <b>Column 4:</b> Give the location	), "E" (for noncommercial educational), or " erms, see page (iv) of the general instructi on of each station. For U.S. stations, list the adian stations, if any, give the name of the	ions in the paper SA1-2 form. he community to which the station	is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION O	F STATION
	wкow	27.1	N	Madison, WI	
	WKOW-DT2	27.2	N-M	Madison, WI	
Rows as Necessary	WKOW-DT3	27.3	N-M	Madison, WI	
	WKOW-DT4	27.4	N-M	Madison, WI	
	WKOW-DT5	27.5	N-M	Madison, WI	
	wisc	3.1	Ν	Madison, WI	
	WISC-DT2	3.2	N-M	Madison, WI	
	WISC-DT3	3.3	N-M	Madison, WI	
	WMSN	47.1	Ν	Madison, WI	
	WMSN-DT2	47.2	N-M	Madison, WI	
	WMSN-DT3	47.3	N-M	Madison, WI	
	WMSN-DT4	47.4	N-M	Madison, WI	
		47.4 15.1	N-M N	Madison, WI Madison, WI	
	WMSN-DT4				
	WMSN-DT4 WMTV	15.1	N	Madison, WI	
	WMSN-DT4 WMTV WMTV-DT2	15.1 15.2	N N-M	Madison, WI Madison, WI	
	WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3	15.1           15.2           15.3	N N-M N-M	Madison, WI Madison, WI Madison, WI	
	WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4	15.1       15.2       15.3       15.4	N N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5	15.1       15.2       15.3       15.4       15.5	N N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6	15.1       15.2       15.3       15.4       15.5       15.6	N N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA	15.1         15.2         15.3         15.4         15.5         15.6         21.1	N N-M N-M N-M N-M N-M E	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA WHA-DT2	15.1         15.2         15.3         15.4         15.5         15.6         21.1         21.2	N N-M N-M N-M N-M E E E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	

unting Period:	2021/02			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I			
Hume	Grantland Telecom LL	_C		6363			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	n during the accounting period, except	translator stations and low power telev (1) stations carried only on a part-time	e basis under			
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as	)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	ne carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substi	ns carried on a			
	basis under specific FCC rul • Do <i>not</i> list the station here	les, regulations, or authorizations: in space G—but do list it in space I (th	ne Special Statement and Program Log				
	station was carried only on a		that are a substitute basis and also a				
	basis. For further information	n concerning substitute basis stations,	d both on a substitute basis and also or see page (v) of the general instruction program services such as HBO, ESPN,	IS.			
	multicast stream associated "WETA-2" as the same on th	with a station according to its over-the he form.	e-air designation. For example, report	multistream			
	of license. For example, WI	RC is channel 4 in Washington, D.C.	evision station for broadcasting over the	·			
			station, an independent station, or a no				
	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 independent multicast), For the meaning of these ter	"E" (for noncommercial educational), c rms, see page (iv) of the general instru	or "E-M" (for noncommercial education actions in the paper SA1-2 form.	al multicast).			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list	or "E-M" (for noncommercial education	al multicast). licensed by the			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list	or "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station is I	al multicast). licensed by the			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of th	or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is l ne community with which the station is	al multicast). licensed by the identified.			

LEGAL NAME OF			YSTEM:					SYSTEM 636
	every radio s	tation ca	rried on a separate and discre					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate f	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stati this by placing	the sys be recein the Co sign of e he static on's sign a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes (mark in the "S/D" column.	the system's he ystem's FM ant his point, see pa ed by the cable	eadend, and (2) enna, during ce ige (v) of the ge system as a se	) it can b ertain sta eneral in parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
			on (the community to which the the community with which the s			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
						L		
						L		
			t	}		t	<u> </u>	

Accounting Peric	od: 2021/02					FORM	I SA1-2E. PAGE 5.
Namo	LEGAL NAME OF OWNER O		TEM:				SYSTEM ID#
Name	Grantland Telecom L	LC					63632
I	In General: In space I, ider	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	NT CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	During the accounting p	eriod, did you	ır cable system	carry, on a substitute basi	s, any nonnetwo	ork television progran	<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 must	complete the progra	
	log in block 2.						
	2. LOG OF SUBSTITUT			4. K		1	
	clear. If you need more sp			te line. Use abbreviations rows to the tables	wherever possib	le, if their meaning is	5
				ision program ("substitute	program") that, d	luring the accounting	1
				our cable system substitute		•	
				s. See page (v) of the gene etball." List specific program			٦.
	"NBA Basketball: 76ers v	s. Bulls."					
			,	r "Yes." Otherwise enter "N asting the substitute progra			
				ne community to which the		ed by the FCC or, in	
	the case of Mexican or Ca	anadian statio	ons, if any, the	community with which the	station is identifie	ed).	
			when your sys	tem carried the substitute	program. Use nu	imerals, with the mor	nth
	first. Example: for May 7 g Column 6: State the tir		e substitute pro	gram was carried by your	cable system. Lis	st the times accurate	lv
			•	ed by a system from 6:01:			,
	stated as "6:00–6:30 p.m.		listed program	was substituted for progra	manning that your	e overte me vue e ve evvive	d
				was substituted for progra iring the accounting period		•	
				as permitted to delete unde			
	effect on October 19, 197	6.					
					WHEN S	SUBSTITUTE	
		SUBSTITUT	E PROGRAM		CARRIAG	E 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 F	6. TIMES ROM — TO	DELETION
	N/A					-	
			+				
						_	
						_	
			+				
			<u> </u>				
						-	
						_	
			+				
						_	
						_	
			+				

Accounting Period:	2021/02 FORM SA1	-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY Grantland Telecom LLC	STEM ID# 63632
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.	<b>388.88</b> 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 \$137,100 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	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K <b>\$ 180,388.88</b>	
	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) \$	484.89
	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	484.89
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 484.89	
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	504.89
	EFT Trace # or TRANSACTION ID #	
	<b>Important:</b> 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: Grantland Telecom LLC	SYSTEM ID# 63632
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	23 154
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		(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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E</li> <li>(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</li> <li>(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.</li> </ul>	ystem as identified
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	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.

ounting Period: 2021/02	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Intland Telecom LLC	63632
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       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
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	
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.