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 COVERED E	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 - se	e instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo	e cable system. If the owner is a subsidiary or or a subsidiary or a subsidiary of the owner is a subsidiary of	of another corporation, give the full corpo	rate title of
Owner		List any other name or names under which	the owner conducts the business of the cab	le system.	
		If there were different owners during the a statement of account and royalty fee paym	accounting period, only the owner on the las nent covering the entire accounting period.	t day of the accounting period should sub	- 
		Check here if this is the system's first filing	s. If not, enter the system's ID number assign	ed by the Licensing Division.	63862
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Midway Telephone Company, LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF (	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite no	umber)		
		Madison, WI 53717 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any busin as already appear in space B. In line 2	-	-	-
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		TDS Telecom, Inc.			
		MAILING ADDRESS OF CABLE SYSTEM	• • • • • • • • • • • • • • • • • • • •		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
Privacy Act Noti	ce: Sectio	on 111 of title 17 of the United States Code aut	thorizes the Copyright Offce to collect the per-	sonally identifying information (PII) requeste	ed on this

FOR COPYRIGHT OFFICE USE ONLY

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Midway Telephone Company, LLC	638
D	Instructions: List each separate community served by the cable system. A "con separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	d communities within unincorporated areas and including single, discr will serve as a form of system identification hereafter known as the "h
Area Served	city.	
	CITY OR TOWN	STATE
First Community	Medford	WI
d Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 6386
	Midway Telephone Corr	ipany, LLC							0300
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s			•		•			
Secondam	system, that is, the retransmissi					•			
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						LIUSE EXIS		
Service: Sub-	Number of Subscribers: Both	•					2		
scribers and Rates	down by categories of secondar each category by counting the n	,							
Rales	separately for the particular serv	0		0,0			,	scharged	
	Rate: Give the standard rate of	charged for each	h categ	ory 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	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	condarv transmi	ssion serv	ice 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								
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-r	IANG DIOCK. A IV	o- or thre	e-wora descript	ion of the	Service IS	
		OCK 1					BLOCI	٢2	
	CATEGORY OF SERVICE	NO. OF		RATE	CAT	EGORY OF SEI		NO. OF	RATE
	Residential:	SUBSCRIBE	:KS	RAIE	CAT	EGORT OF SEI	RVICE	SUBSCRIBERS	RAIL
	Service to first set		232	\$25/mo					
	Service to additional set(s)			¢20/110					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		4	\$59.04/mo					
	Converter								
	Residential		232	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC							•	
_	In General: Space F calls for ra					Ill your cable sys	stem's ser	vices that were	
F	not covered in space E, that is,								
Comilana	service for a single fee. There a	•			•		0 (	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions:	Block 1: Give the standard ra			•					
Rates	Block 2: List any services tha listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Comissos		Install	ation: Non-resi	dential				
	Continuing Services:		• Mo	tel, hotel					
	Pay cable	\$8.00-\$15.00		mmercial		\$0 - \$50.00			
	-	\$8.00-\$15.00	• Co	Innercial					
	• Pay cable	\$8.00-\$15.00		y cable					
	• Pay cable • Pay cable—add'l channel	\$8.00-\$15.00	• Pa		annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	\$8.00-\$15.00	• Pay • Pay • Fire	y cable y cable-add'l ch e protection	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	\$0-\$50.00	• Pay • Pay • Fire • But	y cable y cable-add'l ch e protection rglar protection	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	\$0-\$50.00	• Pay • Pay • Fire • But Other	y cable y cable-add'l ch e protection rglar protection <b>services:</b>	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	\$0-\$50.00	• Pay • Pay • Fire • Bui • Bui • Re	y cable y cable-add'l ch e protection rglar protection <b>services:</b> connect	annel	\$0-\$25.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	\$0-\$50.00	• Pay • Pay • Fire • Bui • Bui • Re • Dis	y cable y cable-add'l ch e protection rglar protection <b>services:</b> connect connect	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	\$0-\$50.00	• Pay • Pay • Fire • Bui • Bui • Re • Dis	y cable y cable-add'l ch e protection rglar protection <b>services:</b> connect	annel	\$0-\$25.00 19.98-39.96			

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Midway Telephone C	Company, LLC		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including tra em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the	<ol> <li>stations carried only on a part-ti carriage of certain network progra</li> </ol>	me basis under ams [sections
Primary Insmitters: elevision	substitute program basis, a Substitute Basis Stations	(e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. <b>s</b> : With respect to any distant stations carr		
	• Do <i>not</i> list the station her station was carried <i>only</i> or			
	basis. For further informati <b>Column 1:</b> List each statio	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	ee page (v) of the general instruct ogram services such as HBO, ESF	ions. PN, etc. Identify each
	"WETA-2" as the same on <b>Column 2:</b> Give the chann	5	<b>.</b>	
	Column 3: Indicate in each	h case whether the station is a network sta	, ,	
	(for independent multicast) For the meaning of these to <b>Column 4:</b> 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 adian stations, if any, give the name of the	"E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAOW	9.1	Ν	Wausau, WI
	WAOW-DT2	9.2	N-M	
	MACH-D12	5.2	14-141	Wausau, WI
ows as Necessary	WAOW-DT2 WAOW-DT3	9.3	N-M	Wausau, WI Wausau, WI
ows as Necessary				
ows as Necessary	WAOW-DT3	9.3	N-M	Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4	9.3 9.4	N-M N-M	Wausau, WI Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5	9.3 9.4 9.5	N-M N-M N-M	Wausau, WI Wausau, WI Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM	9.3 9.4 9.5 20.1	N-M N-M N-M E	Wausau, WI Wausau, WI Wausau, WI Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2	9.3       9.4       9.5       20.1       20.2	N-M N-M N-M E E-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3	9.3         9.4         9.5         20.1         20.2         20.3	N-M N-M E E-M E-M	Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4	9.3         9.4         9.5         20.1         20.2         20.3         20.4	N-M N-M N-M E E-M E-M E-M	Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW	9.3         9.4         9.5         20.1         20.2         20.3         20.4         7.1	N-M N-M E E-M E-M E-M N	Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2	9.3         9.4         9.5         20.1         20.2         20.3         20.4         7.1         7.2	N-M N-M N-M E E-M E-M E-M N N-M	Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2	9.3         9.4         9.5         20.1         20.2         20.3         20.4         7.1         7.2         7.3	N-M N-M N-M E E-M E-M E-M N N-M N-M	Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4	9.3         9.4         9.5         20.1         20.2         20.3         20.4         7.1         7.2         7.3         7.4	N-M N-M N-M E E-M E-M E-M N N-M N-M N-M	Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5	9.3         9.4         9.5         20.1         20.2         20.3         20.4         7.1         7.2         7.3         7.4         7.5	N-M N-M N-M E E-M E-M E-M N N-M N-M N-M N-M N-M	Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT6	9.3         9.4         9.5         20.1         20.2         20.3         20.4         7.1         7.2         7.3         7.4         7.5         7.6	N-M N-M N-M E E-M E-M E-M N N-M N-M N-M N-M N-M	Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT6 WTPX	9.3         9.4         9.5         20.1         20.2         20.3         20.4         7.1         7.2         7.3         7.4         7.5         7.6         46.1	N-M N-M N-M E E-M E-M E-M N N-M N-M N-M N-M N-M N-M I	Wausau, WI         Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT5 WSAW-DT6 WTPX WJFW	9.3         9.4         9.5         20.1         20.2         20.3         20.4         7.1         7.2         7.3         7.4         7.5         7.6         46.1         12.1	N-M N-M N-M E E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	Wausau, WI         Rhinelander, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT5 WSAW-DT6 WTPX WJFW	9.3         9.4         9.5         20.1         20.2         20.3         20.4         7.1         7.2         7.3         7.4         7.5         7.6         46.1         12.1         12.2	N-M           N-M           N-M           E           E-M           E-M           N           N           N-M           N-M	Wausau, WI         Rhinelander, WI         Rhinelander, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT5 WSAW-DT6 WTPX WJFW	9.3         9.4         9.5         20.1         20.2         20.3         20.4         7.1         7.2         7.3         7.4         7.5         7.6         46.1         12.1         12.2	N-M           N-M           N-M           E           E-M           E-M           N           N           N-M           N-M	Wausau, WI         Rhinelander, WI         Rhinelander, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT5 WSAW-DT6 WTPX WJFW	9.3         9.4         9.5         20.1         20.2         20.3         20.4         7.1         7.2         7.3         7.4         7.5         7.6         46.1         12.1         12.2	N-M           N-M           N-M           E           E-M           E-M           N           N           N-M           N-M	Wausau, WI         Rhinelander, WI         Rhinelander, WI

ounting Period:	2021/02			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
	Midway Telephone Co	ompany, LLC		638
	PRIMARY TRANSMITTERS:	TELEVISION		
•	In General: In space G, ider	ntify every television station (including	translator stations and low power televi	ision stations)
G		<b>o</b>	(1) stations carried only on a part-time	
	5		ne carriage of certain network programs	•
Primary			(1(e)(2) and (4))]; and (2) certain station	ns carried on a
ransmitters: Television		explained in the next paragraph. With respect to any distant stations or	arried by your cable system on a substi	tute program
10001010		les, regulations, or authorizations:		
	• Do not list the station here	in space G—but do list it in space I (th	he Special Statement and Program Log	g)—if the
	station was carried only on			
		•	d both on a substitute basis and also or	
			see page (v) of the general instructions program services such as HBO, ESPN,	
		• • •	e-air designation. For example, report r	-
	"WETA-2" as the same on the	5	all designation. To example, report	Hullsticam
			evision station for broadcasting over the	e air in its community
		RC is channel 4 in Washington, D.C.		
			station, an independent station, or a no	
	educational station, by enter	ing the letter "N" (for network), "N-M" (	(for network multicast), "I" (for independ	
			"	
	(for independent multicast),	"E" (for noncommercial educational), c	or "E-M" (for noncommercial educationa	al multicast).
	(for independent multicast), For the meaning of these ter	"E" (for noncommercial educational), o ms, see page (iv) of the general instru		,
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	"E" (for noncommercial educational), o ms, see page (iv) of the general instru n of each station. For U.S. stations, list	uctions in the paper SA1-2 form.	icensed by the
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	"E" (for noncommercial educational), o ms, see page (iv) of the general instru n of each station. For U.S. stations, list	uctions in the paper SA1-2 form. t the community to which the station is l	icensed by the
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location 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	uctions in the paper SA1-2 form. It the community to which the station is line community with which the station is in the community with which the station is in the station i	icensed by the identified.

EGAL NAME OF								SYSTEM I 638
	every radio s	tation ca	rried 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 prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	the sys be recein the Co sign of e he static ion's sign a check n'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 (mark in the "S/D" column. on (the community to which the the community with which the se	the system's hea ystem's FM ante his point, see page ed by the cable s e station is licens	adend, and (2) nna, during ce le (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	
		3/D	LOCATION OF STATION	CALL SIGN	AMOTIM	3/D	LOCATION OF STATION	
N/A								

Accounting Perio						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Midway Telephone Co	ompany, L	LC				63862
Substitute	SUBSTITUTE CARRIAGI	tify every nor	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati CC rules, regul	ations, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMEN	-			o gonorar mou		2 101111
Special						tweek tolovision progra	
Statement and	During the accounting pe		ir cable system	carry, on a substitute bas	as, any nonne		
Program Log	broadcast by a distant sta	ition?				YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the progra	ım
	log in block 2.						
	2. LOG OF SUBSTITUT		-				
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	ace, please a of every no a distant stat egulations, o ries like "mo . Bulls." m was broad sign of the adcast static nadian static nth and day we "5/7." ies when the . Example: a ter "R" if the and regulatic	add additional nnetwork telev ion and that yo r authorization vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys a substitute pro a program carri listed program ons in effect du	rows to the tables. ision program ("substitute our cable system substitute s. See page (v) of the gen etball." List specific program r "Yes." Otherwise enter "h asting the substitute progra he community to which the community with which the tem carried the substitute ogram was carried by your ed by a system from 6:01: was substituted for progra uring the accounting period	program") the ed for the prog eral instruction n titles, for ex- No." am. e station is lice station is lice program. Use cable system 15 p.m. to 6: amming that y	at, during the accountin gramming of another sta ins for further informatic cample, "I Love Lucy" or ensed by the FCC or, in ntified). e numerals, with the mod List the times accurate 28:30 p.m. should be your system was <i>require</i> tter "P" if the listed prog	g ation on. onth ely ed
	was substituted for program						
	effect on October 19, 1976	j.					
						N SUBSTITUTE	
			E PROGRAM			AGE OCCURRED 6. TIMES	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	FROM – TO	
	N/A						
			+				
						_	
						_	
			+				·
		-+					
			<b>_</b>				
						_	
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		-+					
		-+					
						_	
		-+					
		-+					
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Accounting Period:	2021/02 FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name	Midway Telephone Company, LLC	63862
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>,660.66</b> ss receipts)
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	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)	
		0.00
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance 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 #	
	<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: Midway Telephone Company, LLC	SYSTEM ID# 63862
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	19 153
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	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	<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 B</li> </ul>	; or
	<ul> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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> <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. [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: 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
dway Telephone Company, LLC	63862
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	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below.	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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.         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.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessment
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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

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.