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

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

## SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
7-6-22	\$			
	ALLOCATION NUMBER			

Return completed workbook by email to

#### coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting	Barcode Data Filing Period (optional - see instructions)						
Period							
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner	List any other name or names under which the owner conducts the business of the cable system.						
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Coon Valley Telecommunications Inc						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	105 Central Ave, PO Box 398 (Number, street, rural route, apartment, or suite number)						
	Coon Valley, WI 54623 (City, town, state, zip)						
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:						
	Coon Valley Telecommunications Inc						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 105 Central Ave, PO Box 398 (Number, street, rural route, apartment, or suite number)						
	Coon Valley, WI 54623 (City, town, state, zip code)						

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

Coon Valley Telecommunications Inc  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "fit community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.  CITY OR TOWN  STATE  Coon Valley  Will  Chaseburg  Will  Stoddard  Will  Stoddard  Will  Stoddard  Will  STATE  Will  STATE  Will  Stoddard  Will  Stoddard  Will  Stoddard  Will  Stoddard  Will  STATE  STATE  Will  STATE  STATE  STATE  Will  STATE  ST	D Instructions: separate and unincorporat community."  Area Served Note: Entities city.	CITY OR TOWN  Coon Valley  Chaseburg  Stoddard  LaCrosse  Bangor  Rockland  Cashton  Westby  Viroqua	munities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "firmome parks should be reported in parentheses below the identification because the identification hereafter known as the "firmome parks should be reported in parentheses below the identification will will will will will will will wil
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "fi community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.  CITY OR TOWN STATE  Community  Chaseburg  Wil  Stoddard  Wil  Rooks as Necessary  LaCrosse  Wil  Rockland  Wil  Cashton  Wil  Westby  Viroqua  Wil  Viroqua	Instructions: separate and unincorporat community." Note: Entities city.  First Community	List each separate community served by the cable system. A "commun distinct community or municipal entity (including unincorporated comed areas)." 47 C.F.R. 76.5(dd). The first community that you list will send areas are the first community on all future filings.  Is and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties such as hotels, apartments, condominiums, or mobile less and properties and properties are all the less are	ity" is the same as a "community unit" as defined in FCC rules: " munities within unincorporated areas and including single, discr we as a form of system identification hereafter known as the "fir nome parks should be reported in parentheses below the identi  STATE  WI  WI  WI  WI  WI  WI  WI  WI  WI  W
separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "ficommunity." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity.  City OR TOWN  STATE  Community  Chaseburg  WI  Stoddard  WI  Chaseburg  Bangor  WI  Rockland  WI  Cashton  WI  Westby  Viroqua  WI  Viroqua	Served separate and unincorporat community."  Note: Entities city.  First Community	distinct community or municipal entity (including unincorporated comed areas)." 47 C.F.R. 76.5(dd). The first community that you list will send Please use it as the first community on all future filings.  s and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, condominiums, or mobile leading and properties such as hotels, apartments, apart	munities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "firmome parks should be reported in parentheses below the identification because the identification hereafter known as the "firmome parks should be reported in parentheses below the identification will will will will will will will wil
unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "ficommunity." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.  CITY OR TOWN  STATE  Coon Valley  WI  Chaseburg  WI  Stoddard  WI  LaCrosse  WI  Bangor  Rockland  WI  Cashton  WI  Cashton  WI  Westby  WI  WI  WI  WI  WI  WI  WI  WI  WI  W	unincorporat community." Note: Entities city.  First Community	ed areas)." 47 C.F.R. 76.5(dd). The first community that you list will send Please use it as the first community on all future filings.  s and properties such as hotels, apartments, condominiums, or mobile leading to the control of	STATE  WI  WI  WI  WI  WI  WI  WI  WI  WI  W
community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.  CITY OR TOWN  STATE  COON Valley  WI  Chaseburg  WI  Stoddard  WI  Stoddard  WI  Acrosse  WI  Bangor  Rockland  WI  Cashton  WI  Cashton  WI  Westby  Viroqua  WI  WI  WI  WI  WI  WI  WI  WI  WI  W	Area Served  First Community  Community."  Note: Entities city.	CITY OR TOWN Coon Valley Chaseburg Stoddard LaCrosse Bangor Rockland Cashton Westby Viroqua	STATE WI
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity.    City OR TOWN	Area Served Note: Entities city.	CITY OR TOWN Coon Valley Chaseburg Stoddard LaCrosse Bangor Rockland Cashton Westby Viroqua	STATE WI
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Rockland         WI           Cashton         WI           Westby         WI           Viroqua         WI		Rockland Cashton Westby Viroqua	WI WI WI
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Viroqua WI		Viroqua	WI

Accounting Period: 2022/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63388

## **Coon Valley Telecommunications Inc**

Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	BLOCK 1			(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	881	24.95	Basic	287	73.95
Service to additional set(s)	1,152	4.00	Expanded	513	81.95
<ul> <li>FM radio (if separate rate)</li> </ul>			Local Only	68	24.95
Motel, hotel					
Commercial	13	73.95			
Converter					
Residential					
Non-residential					

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Coon Valley Telecommunications Inc

SYSTEM ID# 63388

PRIMARY TRANSMITTERS: TELEVISION

## G

#### Primary Transmitters: Television

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKBT	8	N	LaCrosse
My TV WKBT-DT2	9	I-M	LaCrosse
Decades (WXOW-DT2	10	N-M	LaCrosse
This TV WXOW DT3	12	N-M	LaCrosse
NBC (WEAU)	13	N	Eau Claire
ABC-WXOW	19	N	LaCrosse
Cozy (WEAU-DT2)	20	N-M	Eau Claire
Me TV (WEAU DT3)	21	N-M	Eau Claire
Movies-WEAU DT4	22	N-M	Eau Claire
Antenna WLAX DT2	24	N-M	LaCrosse
Fox (WLAX)	25	N	LaCrosse
CW-WEAU DT5	26	N-M	Eau Claire
Create-WHLA DT2	27	N-M	LaCrosse
WIS-WHLA DT2	28	N	LaCrosse
PBX-WHLA	31	N	LaCrosse
WLAX Laff	61	N-M	LaCrosse
WLAX Frit	62	N-M	LaCrosse
WXOW-Court TV	63	N-M	LaCrosse
WXOW-Justice	64	N-M	LaCrosse
KQEG-UPN	23	l	LaCrosse

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### Coon Valley Telecommunications Inc

63388

#### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
CALL GIGIT	AWIOITW	OID	ECCATION OF STATION	OALL GIGIT	AWOTIW	O/D	ECCATION OF STATION
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Accounting Perio	d: 2022/1 LEGAL NAME OF OWNER OF O	NADI E OVOTI	- NA.						FORM	SA1-2E. PAGE 5.
Name	Coon Valley Telecomm									SYSTEM ID# 63388
	SUBSTITUTE CARRIAGE	: SPECIAI	_ STATEMEN	T AND PROGRAM LO	G					
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system casubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for					or a further				
Carriage:	ial  During the accounting period, did your cable system carry, on a substitute basis, any poppetwork television program									
Special										
Statement and Program Log	broadcast by a distant stat	•	,	•	,	,		YE	Ĭ	X NO
i rogram Log	,		root of this nog	a blank If your anower i	io "Va	ao " vou mu	iot complo			
	Note: If your answer is "No,	leave the l	lest of this pag	e biarik. Ii your ariswer i	15 16	es, you mi	ist comple	te trie pi	ogran	
	log in block 2.  2. LOG OF SUBSTITUTE	PROGRAI	MS							
	In General: List each substiclear. If you need more space	tute progra	m on a separa		ıs wh	erever pos	sible, if the	eir mean	ning is	
	Column 1: Give the title									
	period, was broadcast by a under certain FCC rules, reg		•	-			•			
	Do not use general categori									
	"NBA Basketball: 76ers vs.	Bulls."		, , ,			,		,	
	Column 2: If the program Column 3: Give the call s									
	Column 4: Give the broa	•					nsed by th	e FCC c	or, in	
	the case of Mexican or Cana							:41- 41-		L
	Column 5: Give the mon first. Example: for May 7 giv	,	wnen your syst	em carried the substitut	e pro	ogram. Use	numerais	, with the	e moni	n
	Column 6: State the time	s when the	. ,	, ,		•				′
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:0	1:15	p.m. to 6:2	8:30 p.m.	should b	ре	
	stated as "6:00–6:30 p.m."  Column 7: Enter the letter	er "R" if the l	isted program	was substituted for prog	gramı	ming that y	our systen	n was <i>re</i>	quired	
	to delete under FCC rules a	nd regulatio	ns in effect du	ring the accounting perio	od; e	nter the let	ter "P" if th	e listed		
	was substituted for program	ming that y	our system wa	s permitted to delete un	der F	CC rules a	ind regulat	ions in		
	effect on October 19, 1976.									
	WHEN SUBSTITUTE				_	7. DE 400N 50D				
			E PROGRAM 3. STATION'S				AGE OCO	CURREI	D	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY	FROM		то	
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Accounting Period: 2022/1 FORM SA1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Coon Valley Telecommunications Inc			S	YSTEM ID# 63388	
<b>K</b> 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.  (Amount of gross receipts)					
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 bu  Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	it less thai		263,800.		
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	.ESS			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00.  Line 1. Royalty fee for accounting period			is six-month		
	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					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	6 (but mo	re than \$137,1	00)		
	1. Base amount under statutory formula	\$	263,800.00	-		
	2. Enter amount of gross receipts from space K	\$	159,800.00	<del>.</del>		
	3. Subtract line 2 from line 1	\$	104,000.00	-		
	4. Enter the amount of gross receipts from space K		\$ 1	159,800.00		
	5. Enter the amount from line 3		\$ 1	104,000.00		
	6. Subtract line 5 from line 4		\$	55,800.00		
	7. Multiply line 6 by .005 (enter figure here)			\$	279.00	
	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	d 8		\$	279.00	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but l	ess than \$527	600)		
	Enter the amount of gross receipts from space K					
	2. Base amount under statutory formula	\$	263,800.00	-		
	3. Subtract line 2 from line 1			-		
	4. Multiply line 3 by .01			-		
	Novalty due on the first \$263,800 of gross receipts (under statutory formula)			1 319 00		
	Noyally due on the list \$200,000 or gloss receipts (under statutory formula)      Interest charge. Enter the amount from line 4, space Q, page 8					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,					
	7. TOTAL NOTALTT LET ATABLE TON ACCOUNTING FERIOD. Add miles 4, 5,	and o				
	FILING FEE AND TOTAL REMITTANCE DUE					
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	279.00		
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00		
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	299.00	
	EFT Trace # or TRANSACTION ID #	7626	52501580			
	Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 form and the Ex					

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Coon Valley Telecomm					SYSTEM ID# 63388
M Channels	to its subscribers, and (2)	) the cable system's of channels on whic on broadcast station of activated channe	s	annels during the a	accounting period.	21
	and nonbroadcast ser					251
N Individual to Be Contacted	we can contact about this		HER INFORMATION IS NEE nt.)	DED (Identify an ir	dividual	
for Further Information		Olson			Telephone	608-452-3101
	(Number,	entral Ave, PO street, rural route, aparti Valley, WI 546	nent, or suite number)			
	(City, town	n, state, zip)  cvt@mwt.net			Fax (optional 608-452-3100	)
0	CERTIFICATION (This state	ement of account mi	ust be certified and signed in	accordance with C	Copyright Office regulations)	
O Certification	• I, the undersigned, hereby	certify that (Check or	ne, but only one, of the boxes	.)		
				-	is identified in line 1 of space B	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system					
	I have examined the state	rrect to the best of m	nereby declare under penalty o y knowledge, information, and			
			X "/s/Carol Olso	n		
			Enter an electronic signature of Enter signature using an "/s/ s			
		Typed or printed	name: Carol Ann Ol	son		
		Title:	Secretary-Treasurer le of official position held in corpora			
		Date:			7/6/2022	

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

counting Period: 2022/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
oon Valley Telecommunications Inc	63388
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1.7  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 transmiss made by satellite carriers to satellite dish owners?	sic de sub- 19."  Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	(.)
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x	days
	uays
Line 3 Multiply line 2 by the number of days late and enter the sum here	4
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
(interest cha	,
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance properties the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	blease
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, plist below the owner, address, first community served, ID number, and accounting period as given in the original file.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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

CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	□Check	□EFT	□FILING	FEES
Cable ID #						Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocation	on number		
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for .	Jul-Dec period) No space	s)
Period	☐Letter se	ent		☐Information re	ceived		
	□Accepted	d		]Phone call/Dat	e/Contact		
Space B Owner							
	□ Letter sent □ Information received						
	Accepted Phone call/Date/Contact						
Space D Area Served							
	□ Letter sent □ Information received						
	□Accepted	d		Phone call/Dat	re/Contact		
Space E Secondary Transission							
Service Subscribers:	☐Letter se	ent	С	]Information re	ceived		
and Rates	□Accepted	d		Phone call/Dat	e/Contact		
Space G Primary Transmitters:							
Television	□Letter se	ent	]	☐Information re	eceived		
	□Accepted	d	[	□Phone call/Da	te/Contact		
Space H Primary Transmitters:							
Radio	□Accepted	d	]	Phone call/Da	te/Contact		

		<u> </u>
		Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time
		Carriage Log
Letter sent	☐Information received	(SA3 only)
□Accepted	☐Phone call/Date/Contact	
		Space K
		Gross Receipts
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space L
		Copyright Filing and Royalty Fees
☐Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐Information received	
□Accepted	☐Phoe call/Date/Contact	
		Space M
		Channels
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O
		Certification
Letter sent	☐Information received	
Accepted	☐Phone call/Date/Contact	
		Space P
		Statement of Gross Receipts
	☐Information received	
	□Phone call/Date/Contact	
□Accepted	Prione cali/Date/contact	Space Q
		Interest
		Assessment
Letter sent	☐Info/add'l fee received	
□Accepted	Phone call/Date/Contact	