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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	08/19/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/01 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20221 Barcode Data Filing Period (optional - see instructions)
Accounting		20221
Period		
		Instructions:
В		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
		Waunakee Telephone Company, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Road (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717
	INCT	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	-	TDS Telecom, Inc. MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CADLE STSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Waunakee Telephone Company, LLC	634
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you known as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nity" is the same as a "community unit" as defined in FCC rule ommunities within unincorporated areas and including single list will serve as a form of system identification hereafter lings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Waunakee	WI
Community		
dd Rows as Necessary		

	<u>г</u>					FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM:				SYS ⁻	
	Waunakee Telephone C	Company, Ll	_C				6342
-	SECONDARY TRANSMISSION	I SERVICE: SL	IBSCRIBERS AND R	ATES			
E	In General: The information in s						
. .	system, that is, the retransmissi						
Secondary Fransmission	about other services (including particular day of the accounting particular			•	t be those exis	sting on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Bot				e cable syster	n broken	
scribers and	down by categories of secondar	•					
Rates	each category by counting the n	•					
	separately for the particular service						
	Rate: Give the standard rate of	-				-	
	unit in which it is generally billed			ny standard rate varia	ations within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block			ries of secondary tran	smission serv	ice that cable	
	systems most commonly provide	•	-	•			
	that applies to your system. Not						
	categories, that person or entity	should be cour	nted as a subscriber in	each applicable cate	gory. Example	e: a residential	
	subscriber who pays extra for ca				nt under "Serv	vice to the	
	first set" and would be counted of				·	6	
	Block 2: If your cable system	-	•				
	printed in block 1 (for example, the with the number of subscribers and the subscribers and the subscribers are subscribers and the subscribers are subscribers and the subscribers are subscr			,	<i>, , , , , , , , , ,</i>	, 0	
	sufficient.	and fales, in the	e fight-hand block. A ti			Service is	
	BL	OCK 1			BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RATE	CATEGORY OF	SERVICE	NO. OF SUBSCRIBERS	RAT
	Residential:						
	Service to first set	1	,650 \$25/mo				
	 Service to additional set(s) 						
	• FM radio (if separate rate)						
	Motel, hotel						
	Commercial		4 \$64/mo				
	Converter						
	Residential	-	,650 \$6/Mo.				
	Non-residential		, 				
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE	s			
-	In General: Space F calls for ra				e system's sei	vices that were	
F	not covered in space E, that is,	those services	that are not offered in	combination with any	secondary tra	nsmission	
	service for a single fee. There a						
Services	furnished at cost or (2) services	or facilities furn	hished to nonsubscribe	rs. Rate information s			
Other Than	amount of the charge and the un	nit in which it is	usually billed. If any ra	ates are charged on a	variable per-	program basis,	
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the	nit in which it is rate column.		-		-	
Other Than	amount of the charge and the un	nit in which it is rate column. te charged by t	he cable system for ea	ich of the applicable s	ervices listed		
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra	nit in which it is rate column. te charged by t t your cable sys	he cable system for ea stem furnished or offer	ich of the applicable s ed during the accoun	services listed	at were not	
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Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri	nit in which it is rate column. te charged by t t your cable sys separate charg ption and incluc BLOO	he cable system for ea stem furnished or offer le was made or establ le the rate for each. CK 1	Ach of the applicable s ed during the accoun shed. List these other VICE RATE	services listed ting period that r services in th	t were not ne form of a BLOCK 2	RATI
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Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLO(RATE	he cable system for ea stem furnished or offer te was made or establ de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial	vice RATE	services listed ting period that r services in the CATEC	t were not ne form of a BLOCK 2	RATI
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLOO RATE	he cable system for ea stem furnished or offer te was made or establ le the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l ch	vice RATE	services listed ting period that r services in the CATEC	t were not ne form of a BLOCK 2	RATI
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Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLO(RATE \$8.00-\$15.00 \$0-\$50.00	he cable system for eastern furnished or offer te was made or estable te the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l ch • Fire protection • Burglar protection Other services: • Reconnect	vice RATE	services listed ting period that r services in th CATEG	t were not ne form of a BLOCK 2	RATI
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-	LEGAL NAME OF OWNER O	DF CABLE SYSTEM:		SYSTEM
Name	Waunakee Telephon	e Company, LLC		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC f • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, M Column 3: Indicate in eac educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati	I also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a par e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s rried by your cable system on a s e Special Statement and Program I both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, Es -air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inder r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the static	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	wкow	27.1	N	Madison, WI
	WKOW-DT2	27.2	N-M	Madison, WI
ows 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
	WMTV	15.1	Ν	Madison, WI
	WMTV-DT2	15.2	N-M	Madison, WI
	WMTV-DT3	15.3	N-M	Madison, WI
	WMTV-DT4	15.4	N-M	Madison, WI
	WMTV-DT5	15.5	N-M	Madison, WI
	WMTV-DT6	15.6	N-M	Madison, WI
	WHA	21.1	E	Madison, WI
	WHA-DT2	21.2	E-M	Madison, WI
	WHA-DT3	21.3	E-M	Madison, WI
		1		
	WHA-DT4	21.4	E-M	Madison, WI

ounting Period:	2022/01			•	ORM SA1-2E. PAGE		
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID		
	Waunakee Telephone	Company, LLC			6342		
	PRIMARY TRANSMITTERS:	TELEVISION					
~	• •		translator stations and low power tele	,			
G		o o i i	t (1) stations carried only on a part-tin				
Primary			he carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain station				
ransmitters:		s explained in the next paragraph.					
Television	Substitute Basis Stations:	With respect to any distant stations c	arried by your cable system on a subs	stitute program			
		les, regulations, or authorizations:	the Special Statement and Program Lo	og) if the			
	station was carried only on	• • • •	the Special Statement and Frogram Lo				
			ed both on a substitute basis and also	on some other			
			, see page (v) of the general instructio				
			program services such as HBO, ESPN e-air designation. For example, repor				
	"WETA-2" as the same on t	5	e-all designation. For example, repor	Inulistean			
			evision station for broadcasting over th	ne air in its community			
		RC is channel 4 in Washington, D.C.					
			station, an independent station, or a r				
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).						
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial education				
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	or "E-M" (for noncommercial education	nal multicast). s licensed by the			
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	nal multicast). s licensed by the			
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	nal multicast). s licensed by the	STATION		
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	STATION		
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	STATION		
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	STATION		
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	STATION		
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	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	STATION		
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	STATION		
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	STATION		
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	* STATION		
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	STATION		
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	STATION		
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	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	nal multicast). s licensed by the s identified.	* STATION		

LEGAL NAME O Waunakee T									SYSTEM I 634
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca						н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried b monitoring, to prmation abourn. dentify the cal state whether the radio state this by placing Sive the statio	y the sy be rece ut the C I sign of the stati tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received wived at the headend, with the opyright Office regulations or each station carried. on is AM or FM. gnal was electronically process k mark in the "S/D" column. tion (the community to which the community with which the	at es nt ss th	t the system's h system's FM an his point, see p ed by the cable le station is lice	leadend, and tenna, during age (v) of the system as a nsed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0	LOOMION OF STATION	Η	SALE OIGH		5,0	LOOKHON OF STATION	
N/A									
				•					
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Accounting Perio									PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTE	
	Waunakee Telephone	Company	, LLC					0	3429
	SUBSTITUTE CARRIAG	E: SPECIA		IT AND PROGRAM LO	DG				
•	In General: In space I, iden substitute basis during the a explanation of the programmed	accounting pe	eriod, under spe	ecific present and former l	CC rules, regu	ulations, or a	authorizatio	ons. For a furth	
Substitute Carriage:	1. SPECIAL STATEMEN	-			ine general insi			5A 1-2 101111.	
Special	During the accounting pe				asis, any nonne	etwork tele	vision prod	gram	
Statement and Program Log	broadcast by a distant sta		,				YES	V	
• •	Note: If your answer is "No		rest of this pag	je blank. If your answer i	s "Yes," you m	ust comple			
	log in block 2.								
	2. LOG OF SUBSTITUT			ta lina. Lina abbraviation	a whorever po	acible if th			
	In General: List each subs clear. If you need more spa	ace, please a	add additional	rows to the tables.	·			0	
	Column 1: Give the title								
	period, was broadcast by a under certain FCC rules, re								
	Do not use general catego	ories like "mo							
	"NBA Basketball: 76ers vs Column 2: If the progra		dcast live, ente	r "Yes." Otherwise enter	"No."				
	Column 3: Give the call	I sign of the s	station broadca	sting the substitute prog	ram.				
	Column 4: Give the bro the case of Mexican or Ca						he FCC or	, in	
	Column 5: Give the mo						s, with the	month	
	first. Example: for May 7 g Column 6: State the tim		substituto pro	aram was carried by you	ir cabla system	a list that	imos occu	ratoly	
		les when the	e substitute pro	yiani was cameu by you	ii cable system				
	to the nearest five minutes	. Example: a	a program carri	ed by a system from 6:0	1:15 p.m. to 6:	20.30 p.m.	0110010	;	
	stated as "6:00–6:30 p.m."			ed by a system from 6:0					
	stated as "6:00–6:30 p.m." Column 7: Enter the let	tter "R" if the	listed program	ed by a system from 6:0 was substituted for proc	ramming that	your syster	m was <i>rec</i>	quired	
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	tter "R" if the and regulation mming that y	listed program ons in effect du	ed by a system from 6:0 was substituted for proc ring the accounting perio	gramming that od; enter the le	your syster etter "P" if t	m was <i>rec</i> he listed p	quired	
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	tter "R" if the and regulation mming that y	listed program ons in effect du	ed by a system from 6:0 was substituted for proc ring the accounting perio	gramming that od; enter the le	your syster etter "P" if t	m was <i>rec</i> he listed p	quired	
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograu effect on October 19, 1970	tter "R" if the and regulation mming that y b.	listed program ons in effect du	ed by a system from 6:0 was substituted for prog ring the accounting peri- s permitted to delete un	gramming that od; enter the le der FCC rules WHE	your syster etter "P" if t	m was <i>rec</i> he listed p tions in	quired rogram 7. REASO	
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	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograu effect on October 19, 1976	tter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	listed program ons in effect du our system wa E PROGRAM 3. STATION'S	ed by a system from 6:0 was substituted for prog ring the accounting peri- s permitted to delete un-	gramming that od; enter the le der FCC rules WHE CARR 5. MONTH	your syster etter "P" if ti and regula EN SUBST IAGE OCC 6.	m was red he listed pi tions in TITUTE CURRED TIMES	quired rogram 7. REASO DELET	
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	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progran effect on October 19, 1976 1. TITLE OF PROGRAM	tter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	listed program ons in effect du our system wa E PROGRAM 3. STATION'S	ed by a system from 6:0 was substituted for prog ring the accounting peri- s permitted to delete un-	gramming that od; enter the le der FCC rules WHE CARR 5. MONTH	your syster etter "P" if ti and regula EN SUBST IAGE OCC 6.	m was red he listed pi tions in TITUTE CURRED TIMES	quired rogram 7. REASO DELET	
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Accounting Period:	2022/01			FORM SA1-2E. PA	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM	
	Waunakee Telephone Company, LLC			63	429
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's stion of how	secondary trans to compute this	mission service	
	COPYRIGHT ROYALTY FEE				
L 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in 	0 but less t	han \$527,60(\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for t	his six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	ines 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K			_	
	3. Subtract line 2 from line 1			_	
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	0
					<u> </u>
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	600)	
	1. Enter the amount of gross receipts from space K	\$	464,671.59		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	200,871.59		
	4. Multiply line 3 by .01		\$	2,008.72	
	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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	4, 5, and 6 .		\$ 3,327.72	2
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,327.72	
Total Remittance 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			\$ 3,347.72	2
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2022/01			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE Waunakee Telepho			SYSTEM ID# 63429
M Channels	 to its subscribers, and 1. Enter the total numbrasistem carried televi 2. Enter the total numbrasistem on which the cable subscription 	d (2) the cable system's total number of channels on which the crision broadcast stations		23
N Individual to Be Contacted		CONTACTED IF FURTHER IN this statement of account.)	FORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Mit	tchell Maier	Т	elephone (608) 886-8210
	(Num	5 Junction Rd mber, street, rural route, apartment, or adison, WI 53593	suite number)	
		r, town, state, zip) Finance@tdstelecom.com	Fax (optional)	
O Certification	I, the undersigned, he (Owner other (Agent of or	ereby certify that (Check one, but her than corporation or partner woner other than corporation or of space B and that the owner is partner) I am an officer (if a cor of space B. statement of account and hereby do correct to the best of my know 101(1986)]	ship) I am the owner of the cable system as identified in line or partnership) I am the duly authorized agent of the owner of is not a corporation or partnership; or poration) or a partner (if a partnership) of the legal entity ident y declare under penalty of law that all statements of fact conta ledge, information, and belief, and are made in good faith. /s/ Sharon V. Tisdale an electronic signature on the line above to certify this statement signature using an "/s/ signature" (e.g., /s/ John Smith)	1 of space B; or the cable system as identified tified as owner of the cable system ined herein
		Typed or printed name	e: Sharon V. Tisdale	
		(Title of official po	sition held in corporation or partnership)	
	- Conting 444 - 47-47	Date:	August 18, 202:	

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.

ounting Period: 2022/01	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
unakee Telephone Company, LLC	6342
 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line Q. Multiply line 4 by the interest rate* and enter the sum have	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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 \$	-
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x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x	
x	
x	
x	

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