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 COPYRIGHT	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
A ACCOUNTING PERIOD COV	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	J

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20221 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Hollis Telephone Company, Inc.
		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 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.
	2	MAILING ADDRESS OF CABLE SYSTEM: (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	Hollis Telephone Company, Inc.	635
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha known as the "first community." Please use it as the first community on all fu Note: Entities and properties such as hotels, apartments, condominiums, or n	ommunity" is the same as a "community unit" as defined in FCC rule ated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter uture filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Hollis	NH
Community		
ld Rows as Necessary		

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C		:					515	TEM II 635	
	Hollis Telephone Comp	any, Inc.							035	
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES					
E	In General: The information in s	-		-		•				
<u> </u>	system, that is, the retransmissi									
Secondary Transmission	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 (lune 30 or December 31 os the case may be)									
Service: Sub-	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									
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the n			0,0		•		charged		
	separately for the particular serventian Rate: Give the standard rate of							ro and the		
	unit in which it is generally billed	•	-				-	-		
	category, but do not include disc			,	ny otanaa					
	Block 1: In the left-hand block	t in space E, th	e form	lists the catego	ries of sec	ondary transmis	ssion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca				• •		•			
	first set" and would be counted of									
	Block 2: If your cable system									
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in th	e right-l	hand block. A tv	vo- or thre	e-word descript	ion of the s	service is		
		OCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	000001110			0,			000001100		
	Service to first set		781	\$25/mo						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		6	\$64/mo						
	Converter									
	Residential		781	\$6/Mo.						
	 Non-residential 									
					1					
	SERVICES OTHER THAN SEC In General: Space F calls for ra					ll vour cable sv	stom's son	vices that were		
F	not covered in space E, that is, t	•	,		•	• •				
	service for a single fee. There a									
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the un		usually	/ billed. If any ra	ates are ch	narged on a vari	able per-p	rogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cabl	le system for ea	ch of the	applicable servi	ces listed			
Rates								were not		
	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) descri	ption and inclue	de the r	ate for each.			1			
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RAT	
	Continuing Services:	to 00 \$45 00		ation: Non-res	idential					
	Pay cable Add'l channel	\$8.00-\$15.00		otel, hotel mmercial		\$0\$50.00				
	Pay cable—add'l channel Eire protection		_	mmerciai y cable		\$0 - \$50.00				
	 Fire protection Burglar protection 			y cable-add'l ch	annel					
	Installation: Residential			e protection						
	• First set	\$0-\$50.00		rglar protection						
	Additional set(s)	\$0-\$50.00		•						
	• FM radio (if separate rate)	φ υ- φυ 0 .00		connect		\$0-\$25.00				
	• Converter			sconnect		ψυ-ψ23.00				
	Convertor		1018							
			• • • • •	tlet relocation		19 98 30 06				
				tlet relocation	255	19.98-39.96				

Name	LEGAL NAME OF OWNER O)F CABLE SYSTEM:		SYST
Vanie	Hollis Telephone Co	mpany, Inc.		
	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 (• 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	d also in space I, if the station was carried tion 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- n the form. nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C.	(1) stations carried only on a part le carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si arried by your cable system on a s ne Special Statement and Program d 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	t-time basis under grams [sections tations carried on a substitute program n Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community
	Column 3: Indicate in eac	ch case whether the station is a network si tering the letter "N" (for network), "N-M" (fo	-	
	(for independent multicast For the meaning of these Column 4: Give the locati	t), "E" (for noncommercial educational), or the (it, terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t ladian stations, if any, give the name of the	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	ational multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WMUR	9.1	Ν	Littleton, NH
	WMUR-DT2	9.2	N-M	Littleton, NH
ws as Necessary	WBZ	4.1	Ν	Boston, MA
	WBZ-DT2	4.2	N-M	Boston, MA
	WBZ-DT3	4.3	N-M	Boston, MA
	WFXT	25.1	Ν	Boston, MA
	WFXT-DT2	25.2	N-M	Boston, MA
	WFXT-DT3	25.3	N-M	Boston, MA
	WBTS-LD	15.1	Ν	Boston, MA
	WBTS-DT2	15.2	N-M	Boston, MA
				Boston, MA
	WBTS-DT3	15.3	N-M	Boston, MA
	WBTS-DT3 WLVI			
		15.3	N-M	Boston, MA
	WLVI	15.3 56.1	N-M I	Boston, MA Cambridge, MA
	WLVI WLVI-DT2	15.3 56.1 56.2	N-M I I-M	Boston, MA Cambridge, MA Cambridge, MA
	WLVI WLVI-DT2 WENH	15.3 56.1 56.2 11.1	N-M I I-M E	Boston, MA Cambridge, MA Cambridge, MA Durham, NH
	WLVI WLVI-DT2 WENH WENH-DT2	15.3 56.1 56.2 11.1 11.2	N-M I I-M E E-M	Boston, MA Cambridge, MA Cambridge, MA Durham, NH Durham, NH
	WLVI WLVI-DT2 WENH WENH-DT2 WENH-DT3	15.3 56.1 56.2 11.1 11.2 11.3	N-M I I-M E E-M E-M	Boston, MA Cambridge, MA Cambridge, MA Durham, NH Durham, NH Durham, NH
	WLVI WLVI-DT2 WENH WENH-DT2 WENH-DT3 WENH-DT5	15.3 56.1 56.2 11.1 11.2 11.3 11.5	N-M I I-M E E-M E-M E-M	Boston, MA Cambridge, MA Cambridge, MA Durham, NH Durham, NH Durham, NH Durham, NH
	WLVI WLVI-DT2 WENH WENH-DT2 WENH-DT3 WENH-DT5 WGBH	15.3 56.1 56.2 11.1 11.2 11.3 11.5 2.1	N-M I I-M E E-M E-M E-M E-M	Boston, MA Cambridge, MA Cambridge, MA Durham, NH Durham, NH Durham, NH Durham, NH Boston, MA
	WLVI WLVI-DT2 WENH WENH-DT2 WENH-DT3 WENH-DT5 WGBH WGBX	15.3 56.1 56.2 11.1 11.2 11.3 11.5 2.1 44.1	N-M I I-M E E-M E-M E-M E E	Boston, MACambridge, MACambridge, MADurham, NHDurham, NHDurham, NHDurham, NHBoston, MABoston, MA
	WLVI WLVI-DT2 WENH WENH-DT2 WENH-DT3 WENH-DT5 WGBH WGBX WGBX-DT3	15.3 56.1 56.2 11.1 11.2 11.3 11.5 2.1 44.1 44.3	N-M I I-M E E-M E-M E-M E E E	Boston, MACambridge, MACambridge, MADurham, NHDurham, NHDurham, NHDurham, NHBoston, MABoston, MABoston, MA
	WLVI WLVI-DT2 WENH WENH-DT2 WENH-DT3 WENH-DT5 WGBH WGBX WGBX-DT3 WVTA	15.3 56.1 56.2 11.1 11.2 11.3 11.5 2.1 44.1 44.3 41.1	N-M I I-M E E-M E-M E E E E E E	Boston, MACambridge, MACambridge, MADurham, NHDurham, NHDurham, NHDurham, NHBoston, MABoston, MABoston, MAWindsor, VT

	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM				
Name	Hollis Telephone Con	npany, Inc.		63				
	PRIMARY TRANSMITTERS:	TELEVISION						
^		entify every television station (including	•	,				
G		m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th						
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6						
Transmitters: Television		s explained in the next paragraph. With respect to any distant stations ca	arried by your cable system on a s	substitute program				
	basis under specific FCC ru	ules, regulations, or authorizations:						
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (th a substitute basis.	ne Special Statement and Program	n Log)—ir the				
		also in space I, if the station was carried						
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p						
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the the form	e-air designation. For example, re	port multistream				
	Column 2: Give the channed	el number the FCC assigned to the tele	vision station for broadcasting over	er the air in its community				
	•	/RC is channel 4 in Washington, D.C. n case whether the station is a network s	station. an independent station, or	r a noncommercial				
	educational station, by ente	ering the letter "N" (for network), "N-M" (for network multicast), "I" (for inde	ependent), "I-M"				
		, "E" (for noncommercial educational), o erms, see page (iv) of the general instru	,	ational 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							
	Column 4: Give the locatio	n of each station. For U.S. stations, list	the community to which the static	on is licensed by the				
		n of each station. For U.S. stations, list dian stations, if any, give the name of th	•					
			•					
			•					
	FCC. For Mexican or Canac	dian stations, if any, give the name of th	he community with which the station	on is identified.				
	FCC. For Mexican or Canac 1. CALL SIGN	dian stations, if any, give the name of th	the community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2	dian stations, if any, give the name of the stations of the stations of the station of the stati	the community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION Boston, MA				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2 WPXG	dian stations, if any, give the name of the stations of the stations of the station of the stati	the community with which the station 3. TYPE OF STATION	A. LOCATION OF STATION Boston, MA Concord, NH				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2 WPXG WSBK	dian stations, if any, give the name of the stations of the stations of the station of the stati	ne community with which the station 3. TYPE OF STATION I-M I I I	A. LOCATION OF STATION Boston, MA Concord, NH Boston, MA				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2	dian stations, if any, give the name of the stations of the stations of the station of the stati	a. TYPE OF STATION I-M I I-M I I I I-M	A. LOCATION OF STATION Boston, MA Concord, NH Boston, MA Boston, MA				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT3	dian stations, if any, give the name of the stations of the stations of the station of the stati	a. TYPE OF STATION I-M I I-M I-M I-M I-M I-M I-M I-M	A. LOCATION OF STATION Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT3 WSBK-DT4	dian stations, if any, give the name of the stations of the stations of the station of the stati	a. TYPE OF STATION I-M I I I I I I-M I-M I-M I-M I-M I-M	A. LOCATION OF STATION Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA Boston, MA				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT3 WSBK-DT4 WSBK-DT5	dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.2 21.1 38.1 38.2 38.3 38.4 38.5	a. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-	A. LOCATION OF STATION Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT2 WSBK-DT3 WSBK-DT4 WSBK-DT5 WWJE-DT	dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.2 21.1 38.1 38.2 38.3 38.4 38.5 50.1 26.1	a. TYPE OF STATION	A. LOCATION OF STATION A. LOCATION OF STATION Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Derry, NH Charlestown, NH				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT3 WSBK-DT4 WSBK-DT5 WWJE-DT WYCU-LD	2. B'CAST CHANNEL NUMBER 7.2 21.1 38.1 38.2 38.3 38.4 38.5 50.1	a. TYPE OF STATION	A. LOCATION OF STATION Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Derry, NH				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT3 WSBK-DT4 WSBK-DT5 WWJE-DT WYCU-LD	dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.2 21.1 38.1 38.2 38.3 38.4 38.5 50.1 26.1	a. TYPE OF STATION	A. LOCATION OF STATION A. LOCATION OF STATION Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Derry, NH Charlestown, NH				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT3 WSBK-DT4 WSBK-DT5 WWJE-DT WYCU-LD	dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.2 21.1 38.1 38.2 38.3 38.4 38.5 50.1 26.1	a. TYPE OF STATION	A. LOCATION OF STATION A. LOCATION OF STATION Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Derry, NH Charlestown, NH				
	FCC. For Mexican or Canad 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT3 WSBK-DT4 WSBK-DT5 WWJE-DT WYCU-LD	dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 7.2 21.1 38.1 38.2 38.3 38.4 38.5 50.1 26.1	a. TYPE OF STATION	A. LOCATION OF STATION A. LOCATION OF STATION Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Derry, NH Charlestown, NH				

LEGAL NAME OF								SYSTEM I 635
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable 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 Give the statio	y the sy be rece ut the C Il sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations or each station carried. ion is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the community with which the	at the system's I e system's FM ar i this point, see p esed by the cable the station is lice	headend, and htenna, during bage (v) of the e system as a ensed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
	AM or EM	S/D				S/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
1/A								
]			
								
]			
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					1			
				·				

Name Hollis Telephone Company, Inc. 6355 I I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program. Toradcast by a distant station? • More: • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program. Toradcast by a distant station? • More: • Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. • LoG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the till of every nonnetwork television program. "Substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station. Do not use general categories like "movies" or "basketball." List specific program. Use numerals, with the month first. Example: an Categories like "movies" or "basketball." List specific program. Use numerals, with the mon	Accounting Peric							FORM SA1-2E. PAGE			
I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute participations, for a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 3: Give the title of every nonnetwork television program "substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for uthrein information. Do not use general categories like "movies" or "basketball." List specific program 'lat, during the accounting period, was broadcast by a distant station and that your cable system carried on a scenarie dot by a first cample, "I Love Lucy" or 'NBA Basketball: The program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the end sign of the station broadcasting the substitute program. Col	Name							SYSTEM ID: 6353			
In General: In space I, identify every nonetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further specific breaker that the included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIACE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOC OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station on our segneral categories like "movies" or "basketball." List specific program tiles, for example, "I Love Lucy" or NBA Basketball: 76ers vs. Bulls." Column 2: Give the tills of every nonnetwork television the station is identified). Column 3: Give the call sign of the station broadcast tile, enter "No." Column 4: Give the theoradian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57.". Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 60:115 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m.". Column 7: Enter the letter "R" if the											
Carriage: Special statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Content of the conten of the conten of the conten of the content of the conte	I	In General: In space I, iden substitute basis during the	tify every nor accounting pe	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast b cific present and former F	/ a <i>distant</i> stat CC rules, regu	lations, or autho	orizations. For a further			
Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Special Statement and Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. Image: Special Statement and Program Log In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76er vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 3: Give the month and day when your system carried by system form 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 6: State the times when the substitute program was substituted for programming that your system was prequired to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that		· · · ·			• • • • • •	ne general inst	ructions in the p	paper SA1-2 form.			
Statement and Program Log Products by a distant station? Image: Statement and Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball. Toers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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 to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is location is dentified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Give the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "	-						- 4				
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1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM TO		to delete under FCC rules was substituted for program	and regulation mming that y	ons in effect du	ring the accounting perio	d; enter the le er FCC rules	etter "P" if the lis and regulations	sted program s in			
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM TO			1								
N/AImage: second se		1. TITLE OF PROGRAM			4. STATION'S LOCATION			.5			
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Accounting Period:	2022/01	FORM	SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	:	SYSTEM ID#
Name	Hollis Telephone Company, Inc.		63536
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tra (as identified in space E) during the accounting period. For a further explanation of how to compute to 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.	nsmission servi this amount, se \$ 24	
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00		
	Line 1. Royalty fee for accounting period	···	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · · · ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13)	7,100)	
	1. Base amount under statutory formula \$ 263,800.0	0	
	2. Enter amount of gross receipts from space K \$ 243,865.5		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K \$	243,865.54	
	5. Enter the amount from line 3	19,934.46	
	6. Subtract line 5 from line 4	223,931.08	
	7. Multiply line 6 by .005 (enter figure here)	\$	1,119.66
	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	··· \$	1,119.66
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5.	27,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.0	0	
	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	,	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,119.66	
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	\$	1,139.66
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2022/01					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: one Company, Inc.				SYSTEM ID# 63536
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the car	ou must give (1) the number of c s, and (2) the cable system's tota I number of channels on which th television broadcast stations I number of activated channels able system carried television br cast services	number of activat	ed channels during the a	ccounting period.	34 165
N Individual to Be Contacted		D BE CONTACTED IF FURTHEI about this statement of account.)	INFORMATION I	S NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	Mitchell Maier			Telephone	(608) 886-8210
	Address	525 Junction Rd (Number, street, rural route, apartment	, or suite number)			
		Madison, WI 53593 (City, town, state, zip)				
	Email	Finance@tdstelecom	<u>om</u>		Fax (optional)	
O Certification	I, the undersign (Owne (Agen in X (Offic in · I have examined	(This statement of account musi- led, hereby certify that (Check one er other than corporation or par at of owner other than corporation line 1 of space B and that the own cer or partner) I am an officer (if a line 1 of space B. d the statement of account and he te, and correct to the best of my ki on 1001(1986)]	but only one , of the nership) I am the c n or partnership) I er is not a corporati corporation) or a pa eby declare under	e boxes.) wwner of the cable system I am the duly authorized a on or partnership; or artner (if a partnership) of penalty of law that all state	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ow ements of fact contained herein	system as identified vner of the cable system
			er an electronic sign	on V. Tisdale nature on the line above to nn "/s/ signature" (e.g., /s/		
		Typed or printed n	me: Sharon	V. Tisdale		
			position held in corpo			
		Date:			August 18, 2022	
Briveov Act Notice	+ Section 111 of title	17 of the United States Code autho	zes the Convright O	ffice to collect the personal	videntifying information (PII) reg	ruceted 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.

ounting Period: 2022/01	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
lis Telephone Company, Inc.	6353
 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? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name 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
	Q Interest Assessme
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 Assessme
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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 th 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.