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 COPYRIGE	HT 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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20221 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.	63606
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Wilton 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)	
<u> </u>	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	nless these
C	name	es 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:	
	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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Wilton Telephone Company, Inc.	636
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t known as the "first community." Please use it as the first community on all Note: Entities and properties such as hotels, apartments, condominiums, or	'community" is the same as a "community unit" as defined in FCC rul orated communities within unincorporated areas and including singl chat you list will serve as a form of system identification hereafter future filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Wilton	NH
Community		
Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				FORM SA1		
Name	Wilton Telephone Com							6360	
_	SECONDARY TRANSMISSION		IBSCRIBERS AND	RATES					
E	In General: The information in s				y transmission s	service of	the cable		
	system, that is, the retransmissi								
Secondary Transmission	about other services (including p					hose exis	ting on the		
Service: Sub-	last day of the accounting period Number of Subscribers: Bot				,	ole svstem	n, broken		
scribers and	down by categories of secondar	•				-			
Rates	each category by counting the n						s charged		
	separately for the particular server Rate: Give the standard rate of						ac and the		
	unit in which it is generally billed	-					-		
	category, but do not include disc					• • • • • •			
	Block 1: In the left-hand block	•		-	•				
	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	once again und	ler "Service to additi	onal set(s)."					
	Block 2: If your cable system	Ű	•						
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		e fight hand block.						
	BLO	OCK 1				BLOCH			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:			0,			CODUCTUDEILO		
	Service to first set		608 \$25/mc						
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1 \$64/mc						
	Converter								
	Residential		608 \$6/Mo						
	Non-residential								
	SERVICES OTHER THAN SEC						·		
_	In General: Space F calls for ra				Il your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t								
. .	service for a single fee. There a	•		•		0 (,		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		doddily billed. If dily		larged on a van	ubie pei p	rogram basis,		
ransmissions:		Block 2: List any services that your cable system furnished or offered during the accounting period that were not							
ransmissions: Rates	Block 2: List any services that			-					
	Block 2: List any services tha listed in block 1 and for which a	separate charg	ge was made or esta	-					
	Block 2: List any services that	separate charg	ge was made or estand de the rate for each.	-			e form of a		
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and includ BLO0	ge was made or esta de the rate for each. CK 1	blished. List	these other ser	vices in th	e form of a BLOCK 2	DAT	
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg ption and includ BLO0 RATE	ge was made or esta de the rate for each. CK 1 CATEGORY OF SE	Blished. List		vices in th	e form of a	RAT	
	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:	separate charg ption and includ BLO(RATE	e was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r	Blished. List	these other ser	vices in th	e form of a BLOCK 2	RAT	
	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	separate charg ption and includ BLO0 RATE	ge was made or esta de the rate for each. CK 1 CATEGORY OF SE	Blished. List	these other ser	vices in th	e form of a BLOCK 2	RAT	
	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:	separate charg ption and includ BLO(RATE	ge was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel	Blished. List	RATE	vices in th	e form of a BLOCK 2	RAT	
	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	separate charg ption and includ BLO(RATE	e was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial	blished. List RVICE esidential	RATE	vices in th	e form of a BLOCK 2	RAT	
	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	separate charg ption and includ BLO(RATE	ge was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable	blished. List RVICE esidential	RATE	vices in th	e form of a BLOCK 2	RAT	
	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 • Burglar protection	separate charg ption and includ BLO(RATE	ge was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'l	blished. List	RATE	vices in th	e form of a BLOCK 2	RAT	
	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 • Fire protection • Burglar protection Installation: Residential	separate charg ption and includ BLO RATE \$8.00-\$15.00 \$0-\$50.00	ge was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection	blished. List	RATE	vices in th	e form of a BLOCK 2	RAT	
	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 • Fire protection • Burglar protection Installation: Residential • First set	separate charg ption and includ BLO RATE \$8.00-\$15.00 \$0-\$50.00	ge was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protecti	blished. List	RATE	vices in th	e form of a BLOCK 2	RAT	
	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 • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg ption and includ BLO RATE \$8.00-\$15.00 \$0-\$50.00	e was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protecti Other services:	blished. List	RATE \$0 - \$50.00	vices in th	e form of a BLOCK 2	RAT	
	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 • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg ption and includ BLO RATE \$8.00-\$15.00 \$0-\$50.00	e was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protecti Other services: • Reconnect	blished. List	RATE \$0 - \$50.00	vices in th	e form of a BLOCK 2	RAT	

Nome	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM
Name	Wilton Telephone Co	ompany, Inc.		63
	PRIMARY TRANSMITTERS:	: TELEVISION		
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, s Substitute Basis Station	dentify every television station (including the tem during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting the 1(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. ns: With respect to any distant stations can rules, regulations, or authorizations:	(1) stations carried only on a par- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s	rt-time basis under grams [sections stations carried on a
	 Do not list the station he station was carried only o List the station here, and 	ere in space G—but do list it in space I (the	d both on a substitute basis and al	also on some other
	Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V	ion's call sign. <i>Do not</i> report origination pr ted with a station according to its over-the- n the form. anel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C.	orogram services such as HBO, ES e-air designation. For example, re vision station for broadcasting over	SPN, etc. Identify each eport multistream er the air in its community
	educational station, by ent (for independent multicast For the meaning of these f Column 4: Give the location	ch case whether the station is a network s ntering the letter "N" (for network), "N-M" (for st), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list t nadian stations, if any, give the name of the	for network multicast), "I" (for inde or "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the statio	ependent), "I-M" ational multicast). on 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
Rows 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	N	Boston, MA
	WBTS-DT2	15.2	N-M	Boston, MA
	WBTS-DT3	15.3	N-M	Boston, MA
	WLVI	56.1	I	Cambridge, MA
	WLVI-DT2	56.2	I-M	Cambridge, MA
	WENH	11.1	E	Durham, NH
	WENH-DT2	11.2	E-M	Durham, NH
	WENH-DT3	11.3	E-M	Durham, NH
	WENH-DT5	11.5	E-M	Durham, NH
	WGBH	2.1	E	Boston, MA
	-	44.1	E	Boston, MA
	WGBX			
	WGBX WGBX-DT3	44.3	E-M	Boston, MA
			E-M	Boston, MA Windsor, VT
	WGBX-DT3	44.3		
	WGBX-DT3 WVTA	44.3 41.1	E	Windsor, VT

Nama	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:			SYSTEM I			
Name	Wilton Telephone Co	mpany, Inc.			636			
	PRIMARY TRANSMITTERS:	TELEVISION						
G	•	entify every television station (including	•	,				
G		m during the accounting period, <i>except</i>						
Primary	0	in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6						
ransmitters:	substitute program basis, a	as explained in the next paragraph.						
Television		With respect to any distant stations caules, regulations, or authorizations:	arried by your cable system on a	substitute program				
	• Do not list the station here	e in space G—but do list it in space I (th	ne Special Statement and Progra	m Log)—if the				
	station was carried <i>only</i> on	n a substitute basis. also in space I, if the station was carried	d both on a substitute basis and s	les en como othor				
		on concerning substitute basis stations,						
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	program services such as HBO, E	SPN, etc. Identify each				
	"WETA-2" as the same on t	d with a station according to its over-the the form.	e-air designation. For example, re	eport multistream				
	Column 2: Give the channed	el number the FCC assigned to the tele	vision station for broadcasting ov	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 o	r a noncommercial				
		ering the letter "N" (for network), "N-M" (· · · · ·					
	(for independent multicast),	, "E" (for noncommercial educational), c	or "E-M" (for noncommercial educ					
	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.							
			-	2				
			-	2				
			-	2				
			-	2	STATION			
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	he community with which the stat	ion is identified.	STATION			
	FCC. For Mexican or Canar 1. CALL SIGN	dian stations, if any, give the name of th	the community with which the stat	4. LOCATION OF	STATION			
	FCC. For Mexican or Canar 1. CALL SIGN WHDH-DT2	2. B'CAST CHANNEL NUMBER 7.2	the community with which the stat	4. LOCATION OF Boston, MA	STATION			
	FCC. For Mexican or Canar 1. CALL SIGN WHDH-DT2 WPXG	2. B'CAST CHANNEL NUMBER 7.2 21.1	the community with which the stat	A. LOCATION OF Boston, MA Concord, NH	STATION			
	FCC. For Mexican or Canar 1. CALL SIGN WHDH-DT2 WPXG WSBK	2. B'CAST CHANNEL NUMBER 7.2 21.1 38.1	a. TYPE OF STATION	A. LOCATION OF Boston, MA Concord, NH Boston, MA	STATION			
	FCC. For Mexican or Canar 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2	2. B'CAST CHANNEL NUMBER 7.2 21.1 38.1 38.2	a. TYPE OF STATION I-M I I I I I I I I I I I I I I I I I I	A. LOCATION OF Boston, MA Concord, NH Boston, MA Boston, MA	STATION			
	FCC. For Mexican or Canar 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT3	2. B'CAST CHANNEL NUMBER 7.2 21.1 38.1 38.2 38.3	a. TYPE OF STATION I-M I I I-M I-M I-M I-M I-M I-M	A. LOCATION OF Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA	STATION			
	FCC. For Mexican or Canar 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT3 WSBK-DT4	2. B'CAST CHANNEL NUMBER 7.2 21.1 38.1 38.2 38.3 38.4	a. TYPE OF STATION I-M I I I-M I-M I-M I-M I-M I-M I-M	A. LOCATION OF Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA Boston, MA	STATION			
	FCC. For Mexican or Canar 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT3 WSBK-DT4 WSBK-DT5	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 I-M I-M I-M I-M I-M I-M I-M I-M I	A. LOCATION OF Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA	STATION			
	FCC. For Mexican or Canar 1. CALL SIGN WHDH-DT2 WPXG WSBK WSBK-DT2 WSBK-DT2 WSBK-DT3 WSBK-DT4 WSBK-DT5 WWJE-DT	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 I-M I I-M I-M I-M I-M I-M I-M I-M I-M I	A. LOCATION OF Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Derry, NH	STATION			
	FCC. For Mexican or Canar 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 26.1	a. TYPE OF STATION I-M I I-M I-M I-M I-M I-M I-M I-M I-M I	A. LOCATION OF Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Derry, NH Charlestown, NH	STATION			
	FCC. For Mexican or Canar 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 26.1	a. TYPE OF STATION I-M I I-M I-M I-M I-M I-M I-M I-M I-M I	A. LOCATION OF Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Derry, NH Charlestown, NH	STATION			
	FCC. For Mexican or Canar 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 26.1	a. TYPE OF STATION I-M I I-M I-M I-M I-M I-M I-M I-M I-M I	A. LOCATION OF Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Derry, NH Charlestown, NH	STATION			
	FCC. For Mexican or Canar 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 26.1	a. TYPE OF STATION I-M I I-M I-M I-M I-M I-M I-M I-M I-M I	A. LOCATION OF Boston, MA Concord, NH Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Derry, NH Charlestown, NH	STATION			

Wilton Telep	F OWNER OF								SYSTEM I 636
	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 if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	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. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which the community with which th	a e: n1 ss	It the system's F system's FM an this point, see p sed by the cable ne station is lice	neadend, and tenna, during age (v) of the e 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		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		١	SALL OIGH		0,0		
N/A									
			{				t	t	
									

Accounting Perio							FOF	
Name	LEGAL NAME OF OWNER OF Wilton Telephone Cor							SYSTEM ID 6360
	SUBSTITUTE CARRIAG	E: SPECIA		T AND PROGRAM LO	DG			
I	In General: In space I, iden substitute basis during the	accounting pe	eriod, under spe	ecific present and former I	CC rules, regu	lations, or a	uthorization	s. For a further
Substitute Carriage:	explanation of the program			• • • • • •	ine general insi	ructions in t	ne paper SP	(1-2 IOFM.
Special	 SPECIAL STATEMEN During the accounting period 				seis anv nonn	atwork telev	ision progr	am
Statement and	broadcast by a distant sta		ii cable system	carry, on a substitute be	asis, any nonin		_ · •	NO
Program Log	Note: If your answer is "Note		rest of this page	je blank. If your answer i	s "Yes," you m	L ust complet	YES	
	log in block 2.							
	2. LOG OF SUBSTITUT In General: List each sub- clear. If you need more sp Column 1: Give the title	stitute progra ace, please a	am on a separa add additional	rows to the tables.			•	
	period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs	egulations, o ories like "mo	or authorization	s. See page (v) of the ge	eneral instruction	ons for furth	er informati	on.
	Column 2: If the progra Column 3: Give the cal Column 4: Give the bro	nm was broad I sign of the s badcast static	station broadca	isting the substitute prog ie community to which th	ram. ne station is lice		e FCC or, ii	n
	the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin	onth and day ive "5/7."	when your sys	tem carried the substitut	e program. Use	e numerals,		
								leiy
	to the nearest five minutes stated as "6:00–6:30 p.m.'	s. Example: a	a program carri	ed by a system from 6:0	1:15 p.m. to 6:	•		irad
	to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the left to delete under FCC rules was substituted for progra	s. Example: a , tter "R" if the and regulation mming that y	a program carri listed program ons in effect du	ed by a system from 6:0 was substituted for prog ring the accounting perio	1:15 p.m. to 6: gramming that y od; enter the le	your system tter "P" if th	n was <i>requ</i> e listed pro	
	to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the left to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: a tter "R" if the and regulation mming that y 5.	a program carri listed program ons in effect du	ed by a system from 6:0 was substituted for prog ring the accounting perio s permitted to delete uno	1:15 p.m. to 6: gramming that y od; enter the le der FCC rules	your system tter "P" if th	n was <i>requ</i> e listed pro ions in TUTE	
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Accounting Period:	2022/01	FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Wilton Telephone Company, Inc.		63606
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, se	¢ 2,249.00
	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 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	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	this 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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00	_	
	2. Enter amount of gross receipts from space K \$ 182,249.00	-	
	3. Subtract line 2 from line 1	-	
	5. Enter the amount from line 3	81,551.00	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)	\$	503.49
	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	\$	503.49
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	-	
	2. Base amount under statutory formula	-	
	3. Subtract line 2 from line 1	-	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE		
500 E 1			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	503.49	
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	\$	523.49
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/01				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW Wilton Telephone	NER OF CABLE SYSTEM: e Company, Inc.			SYSTEM ID# 63606
M Channels	to its subscribers, a 1. Enter the total nu system carried tel	and (2) the cable system's to umber of channels on which	the cab	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	34
		e system carried television t services		st stations	165
N Individual to Be Contacted		E CONTACTED IF FURTH but this statement of accoun		DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name <u>N</u>	Mitchell Maier		Telephone	(608) 886-8210
	t) N	525 Junction Rd Number, street, rural route, apartn Madison, WI 53593 Oty, town, state, zip)	ient, or su	ile number)	
	Email	Finance@tdsteleco	<u>m.com</u>	Fax (optional)	
O Certification	I, the undersigned, (Owner of (Agent of in line X (Officer in line · I have examined th	, hereby certify that (Check o other than corporation or p f owner other than corpora e 1 of space B and that the o or partner) I am an officer (i e 1 of space B. he statement of account and and correct to the best of my	ne, <i>but o</i> artnersh tion or j wner is r f a corpo hereby c	ertified and signed in accordance with Copyright Office regulations) <i>nly one</i> , of the boxes.) sip I am the owner of the cable system as identified in line 1 of space bartnership I am the duly authorized agent of the owner of the cable not a corporation or partnership; or oration) or a partner (if a partnership) of the legal entity identified as ow leclare under penalty of law that all statements of fact contained herein tige, information, and belief, and are made in good faith.	system as identified vner of the cable system
				/s/ Sharon V. Tisdale electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Sharon V. Tisdale	
		Title: (Title of of		tant Treasurer on held in corporation or partnership)	
		Date:		August 18, 2022	
Privacy Act Notice	Section 111 of title 17	of the United States Code aut	norizes th	ne Copyright Office to collect the personally identifying information (PII) rec	quested 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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ton Telephone Company, Inc.	6360
 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 	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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<u>v</u>
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	Interest Assessmer
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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