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

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/01 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Communications Corporation of Indiana
		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 as 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 sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Communications Corporation of Indiana	636
	Instructions: List each separate community served by the cable system. A "commur	
D	"a separate and distinct community or municipal entity (including unincorporated co	
-	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l	
	known as the "first community." Please use it as the first community on all future fi	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Whitestown	IN
Community	Zionsville	IN
	Clayton	IN IN
	Plainfield	
d Rows as Necessary		IN
	Amo	IN
	Stilesville	IN
	Coatesville	IN
	Mooresville	IN
	Liberty	IN

Name	LEGAL NAME OF OWNER OF C						51	STEM II 636	
	Communications Corpo	oration of In	diana					000	
-	SECONDARY TRANSMISSION	I SERVICE: SU	IBSCRIBERS AND R	ATES					
E	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable								
Secondary	system, that is, the retransmission about other services (including provide the services)								
Transmission	last day of the accounting period	, , ,	,	,					
Service: Sub-	Number of Subscribers: Bot					ole systen	n, broken		
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv		, , , , , , , , , , , , , , , , , , , ,				s charged		
	Rate: Give the standard rate of						ge 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				in the count un	der "Serv	ice to the		
	first set" and would be counted of Block 2: If your cable system	0		()	service that are	different	from those		
	printed in block 1 (for example, 1	-	•						
	with the number of subscribers a				,		, 0		
	sufficient.		-	n					
	BLO	OCK 1 NO. OF				BLOC	K 2 NO, OF		
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	CATE	GORY OF SEF	VICE	SUBSCRIBERS	RAT	
	Residential:								
	 Service to first set 	1	, 037 \$25/mo						
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		15 \$64/mo						
	Converter								
	Residential	1	,037 \$6/Mo.						
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE	s					
-	In General: Space F calls for ra	te (not subscrib	per) information with re	espect to a	l your cable sys	tem's ser	vices that were		
F	not covered in space E, that is, t	those services t	that are not offered in	combinatio			nsmission		
					,	,			
Services	service for a single fee. There a		,	o give rate	information con	cerning (1	,		
Services Other Than	furnished at cost or (2) services	or facilities furn	ished to nonsubscribe	o give rate ers. Rate ir	information con	cerning (1 d include	both the		
	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the	or facilities furn nit in which it is rate column.	nished to nonsubscribe usually billed. If any r	o give rate ers. Rate in ates are ch	formation conformation shoul arged on a vari	cerning (1 d include able per-p	both the		
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra	or facilities furn hit in which it is rate column. te charged by t	hished to nonsubscribe usually billed. If any r he cable system for ea	o give rate i ers. Rate in ates are ch ach of the a	information con formation shoul arged on a vari applicable servio	cerning (1 d include able per-p ces listed.	, both the rogram basis,		
Other Than Secondary	furnished at cost or (2) services 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	or facilities furn hit in which it is rate column. te charged by th t your cable system	hished to nonsubscribe usually billed. If any r he cable system for ea stem furnished or offer	o give rate ers. Rate in ates are ch ach of the a red during t	information con formation shoul arged on a vari applicable servio he accounting p	cerning (1 d include able per-p ces listed. period tha	both the rogram basis, t were not		
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra	or facilities furn nit in which it is rate column. te charged by th t your cable sys separate charg	hished to nonsubscribe usually billed. If any r he cable system for ea stem furnished or offer e was made or establ	o give rate ers. Rate in ates are ch ach of the a red during t	information con formation shoul arged on a vari applicable servio he accounting p	cerning (1 d include able per-p ces listed. period tha	both the rogram basis, t were not		
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Other Than Secondary ransmissions:	furnished at cost or (2) services 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 • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	or facilities furm hit in which it is rate column. te charged by the t your cable system separate charg botion and includ BLOC RATE \$8.00-\$15.00 \$0-\$50.00	hished to nonsubscribe usually billed. If any r he cable system for ea- stem furnished or offer e was made or establ le the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'I cf • Fire protection • Burglar protection Other services: • Reconnect	o give rate ers. Rate in ates are ch ach of the a red during f ished. List <u>WICE</u> idential	information con formation shoul arged on a vari applicable servio the accounting p these other serving RATE	cerning (1 d include able per-p ces listed. period tha vices in th	both the rogram basis, t were not e form of a BLOCK 2	E RAT	

Nama	LEGAL NAME OF OWNER O	JF CABLE SYSTEM:		SYSTE				
Name	Communications Co	prporation of Indiana		(
	PRIMARY TRANSMITTERS:	TELEVISION						
G		dentify every television station (including t						
-	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
Primary ansmitters:	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.							
elevision	Substitute Basis Station	ns: With respect to any distant stations ca rules, regulations, or authorizations:	arried by your cable system on a s	ubstitute program				
	• Do not list the station he	ere in space G—but do list it in space I (th	ne Special Statement and Program	n Log)—if the				
	 station was carried only o List the station here, and 	on a substitute basis. d also in space I, if the station was carried	d both on a substitute basis and al	lso on some other				
	basis. For further informat	tion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p	see page (v) of the general instru-	ctions.				
	multicast stream associate	ed with a station according to its over-the						
	"WETA-2" as the same on Column 2: Give the chan	n the form. nel number the FCC assigned to the telev	vision station for broadcasting ove	er the air in its community				
		WRC is channel 4 in Washington, D.C. ch case whether the station is a network s	station an independent station, or	r a noncommercial				
	educational station, by ent	tering the letter "N" (for network), "N-M" (f	(for network multicast), "I" (for inde	ependent), "I-M"				
	For the meaning of these	t), "E" (for noncommercial educational), o terms, see page (iv) of the general instruction	ictions in the paper SA1-2 form.	,				
	Column 4: Give the locati	ion of each station. For U.S. stations, list adian stations, if any, give the name of th	the community to which the statio	,				
		aulan stations, ir any, give the name of an		JI IS Identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WRTV	6.1	N	Indianapolis, IN				
	WRTV-DT2	6.2	N-M	Indianapolis, IN				
ows as Necessary	WRTV-DT3	6.3	N-M	Indianapolis, IN				
	wttk	29.1	Ν	Kokomo, IN				
	WTTK-DT2	29.2	N-M	Kokomo, IN				
	WTTK-DT3	29.3	N-M	Kokomo, IN				
		59.1	Ν	Indianapolis, IN				
	WXIN	00.1		indianapono, in				
	WXIN WXIN-DT2	59.2	N-M	Indianapolis, IN				
	WXIN-DT2	59.2	N-M	Indianapolis, IN				
	WXIN-DT2 WXIN-DT3	59.2 59.3	N-M N-M	Indianapolis, IN Indianapolis, IN				
	WXIN-DT2 WXIN-DT3 WTHR	59.2 59.3 13.1	N-M N-M N	Indianapolis, IN Indianapolis, IN Indianapolis, IN				
	WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2	59.2 59.3 13.1 13.2	N-M N-M N N-M	Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN				
	WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WTHR-DT3	59.2 59.3 13.1 13.2 13.3	N-M N-M N N-M N-M	Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN				
	WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5	59.2 59.3 13.1 13.2 13.3 13.5	N-M N-M N-M N-M N-M N-M	Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN				
	WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6	59.2 59.3 13.1 13.2 13.3 13.5 13.6	N-M N-M N-M N-M N-M N-M	Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN				
	WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 WISH	59.2 59.3 13.1 13.2 13.3 13.5 13.6 8.1	N-M N-M N-M N-M N-M N-M I	Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN				
	WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 WISH WISH-DT2	59.2 59.3 13.1 13.2 13.3 13.5 13.6 8.1 8.2	N-M N-M N-M N-M N-M N-M I I I-M	Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN				
	WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 WISH WISH-DT2 WISH-DT3	59.2 59.3 13.1 13.2 13.3 13.5 13.6 8.1 8.2 8.3	N-M N-M N-M N-M N-M N-M I I I-M	Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN				
	WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 WISH WISH-DT2 WISH-DT2 WISH-DT3 WNDY	59.2 59.3 13.1 13.2 13.3 13.5 13.6 8.1 8.2 8.3 23.1	N-M N-M N-M N-M N-M I I I-M I-M I	Indianapolis, IN Indianapolis, IN				
	WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 WISH WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2	59.2 59.3 13.1 13.2 13.3 13.5 13.6 8.1 8.2 8.3 23.1 23.2	N-M N-M N-M N-M N-M I I I-M I-M I I-M	Indianapolis, IN Marion, IN Marion, IN				
	WXIN-DT2 WXIN-DT3 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 WISH WISH-DT2 WISH-DT2 WISH-DT3 WNDY WNDY-DT2 WFYI	59.2 59.3 13.1 13.2 13.3 13.5 13.6 8.1 8.2 8.3 23.1 23.2 20.1	N-M N-M N-M N-M N-M I I I-M I-M I I-M I I-M	Indianapolis, IN Marion, IN Indianapolis, IN Indianapolis, IN				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM			SYSTEM			
Name	Communications Corp				636			
	PRIMARY TRANSMITTERS:							
		ntify every television station (including	translator stations and low nower tel	ovicion stations)				
G		n during the accounting period, except						
-	FCC rules and regulations in	n effect on June 24, 1981, permitting th	he carriage of certain network program	ms [sections				
Primary)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain stati	ons carried on a				
ansmitters: Television	10	With respect to any distant stations ca	arried by your cable system on a sub	stitute program				
	basis under specific FCC rul	es, regulations, or authorizations:						
	• Do not list the station here station was carried only on a	in space G—but do list it in space I (the substitute basis	he Special Statement and Program L	og)—if the				
		Iso in space I, if the station was carrie	d both on a substitute basis and also	on some other				
	basis. For further information	n concerning substitute basis stations,	, see page (v) of the general instruction	ons.				
		's call sign. <i>Do not</i> report origination p with a station according to its over-the		-				
	"WETA-2" as the same on th	C C	e-alf designation. For example, repor	Tmulustream				
	Column 2: Give the channel	I number the FCC assigned to the tele	evision station for broadcasting over the	he air in its community				
		RC is channel 4 in Washington, D.C. case whether the station is a network	station on independent station or a	noncommorpial				
		case whether the station is a network ing the letter "N" (for network), "N-M" (•					
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.							
	For the meaning of these ter	rms, see page (iv) of the general instru	uctions in the paper SA1-2 form.					
	For the meaning of these ter Column 4: Give the location		uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the				
	For the meaning of these ter Column 4: Give the location	rms, see page (iv) of the general instru n of each station. For U.S. stations, list	uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
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	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
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	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	s licensed by the is identified.	STATION			

LEGAL NAME O			n of Indiana						SYSTEM II 636
	t every radio	station c	D carried on a separate and disc enerally receivable by your ca						Н
receivable if (1) on the basis of For detailed infi paper SA1-2 fo Column 1: 1 Column 2: 5 Column 3: 1 signal, indicate Column 4: 0) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio sta this by placin Give the statio	y the sy be rece ut the C Il sign of the stati tion's sig g a chec n's locat	III-Band FM Carriage: Under restem whenever it is received eived at the headend, with the copyright 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 th	at the s system this po ssed by the stat	ystem's h i's FM an int, see p the cable	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	CAI	L SIGN	AM or FM	S/D	LOCATION OF STATION	
		3/0	LOGATION OF STATION	CAL			3/0	LOCATION OF STATION	
N/A									
				·					

Accounting Perio								ORM SA	
Name	LEGAL NAME OF OWNER OF Communications Cor							S	STEM ID
		poration o							6363
•	SUBSTITUTE CARRIAG	E: SPECIA	L STATEMEN	IT AND PROGRAM LC	G				
	In General: In space I, iden substitute basis during the s								
Cascinate	explanation of the programmer	ning that mus	st be included in	this log, see page (v) of t	ne general inst	ructions in	the paper	SA1-2 fo	orm.
Carriage: Special	1. SPECIAL STATEMEN								
Statement and	During the accounting pe		ir cable system	carry, on a substitute ba	sis, any nonne	etwork tele	vision pro	-	Т
Program Log	broadcast by a distant sta	ation?				ļ	YES	S _ X	NO
	Note: If your answer is "No	o", leave the	rest of this pag	je blank. If your answer i	s "Yes," you m	ust comple	ete the pro	ogram	
	log in block 2.								
	2. LOG OF SUBSTITUT In General: List each subs			te line. Use abbreviation	s wherever po	ssible. if th	eir meani	na is	
	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			ision program ("substitute ur cable system substitut					1
	under certain FCC rules, re								1
	Do not use general catego		vies" or "baske	tball." List specific progra	im titles, for ex	kample, "I I	_ove Lucy	/" or	
	"NBA Basketball: 76ers vs Column 2: If the progra		dcast live, ente	r "Yes." Otherwise enter	'No."				
				sting the substitute prog					
	Column 4: Give the bro the case of Mexican or Ca			e community to which th			ne FCC or	r, in	
				tem carried the substitute			s, with the	month	
	first. Example: for May 7 g	ive "5/7."							
1	Column 6: State the tim	nes when the	e substitute pro	dram was carried by you	r cable system				
	to the nearest five minutes				·15 n m to 6.	28°30 n.m.			
	to the nearest five minutes stated as "6:00–6:30 p.m."	s. Example: a			:15 p.m. to 6:	28:30 p.m.	Should be	е	
	stated as "6:00–6:30 p.m." Column 7: Enter the let	. Example: a tter "R" if the	a program carri listed program	ed by a system from 6:0 ⁻ was substituted for prog	ramming that	your syster	m was <i>re</i>	quired	
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	: Example: a tter "R" if the and regulatio	a program carri listed program ons in effect du	ed by a system from 6:07 was substituted for prog ring the accounting perio	ramming that y d; enter the le	your syster etter "P" if tl	m was <i>re</i> he listed p	quired	
	stated as "6:00–6:30 p.m." Column 7: Enter the let	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 6:07 was substituted for prog ring the accounting perio	ramming that y d; enter the le	your syster etter "P" if tl	m was <i>re</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 program	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 6:07 was substituted for prog ring the accounting perio	ramming that y d; enter the le er FCC rules	your syster etter "P" if tl	m was <i>re</i> he listed p tions in	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, 1976	Example: a tter "R" if the and regulation mming that y S.	a program carri listed program ons in effect du our system wa	ed by a system from 6:07 was substituted for prog ring the accounting perio s permitted to delete und	ramming that y d; enter the le er FCC rules WHE CARR	your syster tter "P" if th and regula N SUBST IAGE OCC	m was <i>re</i> he listed p tions in TITUTE CURRED	orogram	REASON FO
	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	Example: a tter "R" if the and regulation mming that y b.	a program carri listed program ons in effect du /our system wa	ed by a system from 6:07 was substituted for prog ring the accounting perio s permitted to delete und	ramming that y d; enter the le er FCC rules WHE CARR 5. MONTH	your syster tter "P" if th and regula N SUBST IAGE OCC	m was <i>re</i> he listed p tions in TTUTE	program	
	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	Example: a tter "R" if the and regulation mming that y S. SUBSTITUT 2. LIVE?	a program carri listed program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	ed by a system from 6:07 was substituted for prog ring the accounting perio s permitted to delete und	ramming that y d; enter the le er FCC rules WHE CARR 5. MONTH	your syster tter "P" if ti and regula N SUBST IAGE OCC 6.	m was <i>re</i> he listed p tions in TITUTE CURRED TIMES	program	REASON FO
	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	Example: a tter "R" if the and regulation mming that y S. SUBSTITUT 2. LIVE?	a program carri listed program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	ed by a system from 6:07 was substituted for prog ring the accounting perio s permitted to delete und	ramming that y d; enter the le er FCC rules WHE CARR 5. MONTH	your syster tter "P" if ti and regula N SUBST IAGE OCC 6.	m was <i>re</i> he listed p tions in TITUTE CURRED TIMES	program	REASON FO
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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	Example: a tter "R" if the and regulation mming that y S. SUBSTITUT 2. LIVE?	a program carri listed program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	ed by a system from 6:07 was substituted for prog ring the accounting perio s permitted to delete und	ramming that y d; enter the le er FCC rules WHE CARR 5. MONTH	your syster tter "P" if ti and regula N SUBST IAGE OCC 6.	m was <i>re</i> he listed p tions in TITUTE CURRED TIMES	program	REASON FO
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Accounting Period:	2022/01			FORM	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
Name	Communications Corporation of Indiana				63630
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	econdary trans to compute this	mission servi amount, se \$ 3:	
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 • 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 i	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				
	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 li	ines 1 and 1)		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula)	
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	339,531.11		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	75,731.11		
	4. Multiply line 3 by .01		\$	757.31	
	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 .		\$	2,076.31
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,076.31	
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			\$	2,096.31
	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		NER OF CABLE SYSTEM: Corporation of Indiana		SYSTEM ID# 63630
M Channels	to its subscribers, a 1. Enter the total nu system carried tele	and (2) the cable system's to umber of channels on which		tations23
		e system carried television t services	broadcast stations	154
N Individual to Be Contacted		E CONTACTED IF FURTH out this statement of account	ER INFORMATION IS NEEDED (Identify an individual to whom t.)	
for Further Information	Name N	Aitchell Maier	Tel	ephone (608) 886-8210
		225 Junction Rd Number, street, rural route, apartn Aadison, WI 53593 Sity, town, state, zip)	nent, or suite number)	
	Email	Finance@tdsteleco	m.com Fax (optional)	
O Certification	I, the undersigned, (Owner o (Agent of in line X (Officer o in line • I have examined th	hereby certify that (Check o ther than corporation or p f owner other than corpora 1 of space B and that the o or partner) I am an officer (i 1 of space B. the statement of account and and correct to the best of my	ust be certified and signed in accordance with Copyright Office regune, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of attom or partnership) I am the duly authorized agent of the owner of the wner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identifi hereby declare under penalty of law that all statements of fact contain knowledge, information, and belief, and are made in good faith.	of space B; or ne cable system as identified ied as owner of the cable system
			X /s/ Sharon V. Tisdale Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed	name: Sharon V. Tisdale	
		Title: (Title of of	Assistant Treasurer ficial position held in corporation or partnership)	
		Date:	August 18, 2022	
Privacy Act Notice	· Section 111 of title 17	of the United States Code aut	horizes the Copyright Office to collect the personally identifying information	n (PII) requested on this

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ounting Period: 2022/01	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nmunications Corporation of Indiana	6363
 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 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 Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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 Assessmer
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment

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.