This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

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

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2022/01 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20221 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63643
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Dickeyville Telephone LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		525 Junction Road (Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-	TDS Telecom, Inc.	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, tawn, state, zin code).	
		(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
Name	Dickeyville Telephone LLC	636
D	Instructions: List each separate community served by the cable system. A "d" a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the known as the "first community." Please use it as the first community on all	orated communities within unincorporated areas and including singl nat you list will serve as a form of system identification hereafter future filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Dickeyville	WI
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF O	ABLE SYSTEM					FORM SA1	
Name	Dickeyville Telephone I						010	6364
Е	SECONDARY TRANSMISSION In General: The information in s	SERVICE: SI			y transmission	service of	the cable	
	system, that is, the retransmissi	•	-		•			
Secondary	about other services (including p					those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot	•			,	bla system	n broken	
scribers and	down by categories of secondar	•						
Rates	each category by counting the n							
	separately for the particular serv							
	Rate: Give the standard rate of unit in which it is generally billed	-	• •				-	
	category, but do not include disc					is within a	particular rate	
	Block 1: In the left-hand block				ondary transmi	ssion serv	ice that cable	
	systems most commonly provide						0,	
	that applies to your system. Not		-		-			
	categories, that person or entity subscriber who pays extra for ca			••	•••	•		
	first set" and would be counted of					Idel Selv		
	Block 2: If your cable system				service that are	e different	from those	
	printed in block 1 (for example, t	tiers of service	s that include one or	more secon	dary transmissi	ons), list tl	nem, together	
	with the number of subscribers a	and rates, in th	e right-hand block. A	two- or thre	e-word descrip	tion of the	service is	
	sufficient.	OCK 1				BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	CODOCIAD		0,111		(TIGE	COBCOLUBEILO	101
	Service to first set		176 \$25/mo					
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential		176 \$6/Mo.					
	Non-residential							
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for ra 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	rates are ch	narged on a var	iable per-p	orogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		the cable system for	each of the	applicable servi	ces listed		
Rates	Block 2: List any services that	• •	•		••			
	listed in block 1 and for which a		-	olished. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	ption and inclu	de the rate for each.					
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SE		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installation: Non-re	sidential				
	• Pay cable	\$8.00-\$15.00	• Motel, hotel		¢0, ¢50,00			
	 Pay cable—add'l channel 		Commercial		\$0 - \$50.00			
	· Fine muste ati		 Pay cable Pay cable-add'l 	abornal				
	Fire protection		• Pay caple-add1	unannel				
	•Burglar protection		-					
	•Burglar protection Installation: Residential	¢0, ¢50, 00	Fire protection					
	•Burglar protection Installation: Residential • First set	\$0-\$50.00	Fire protectionBurglar protection	'n				
	•Burglar protection Installation: Residential • First set • Additional set(s)		Fire protection Burglar protectic Other services:	'n	¢0 ¢25 00			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Fire protection Burglar protectic Other services: Reconnect 	'n	\$0-\$25.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)		Fire protection Burglar protectic Other services: Reconnect Disconnect					
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Fire protection Burglar protectic Other services: Reconnect 		\$0-\$25.00 19.98-39.96			

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYST			
ame	Dickeyville Telephor	ne LLC					
	PRIMARY TRANSMITTERS						
G		dentify every television station (including to the second second terms the accounting period except to the second se	•	,			
-	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 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						
rimary smitters:	substitute program basis,	as explained in the next paragraph.					
evision	Substitute Basis Station	rules, regulations, or authorizations:	arried by your cable system on a s	substitute program			
	• Do not list the station he	ere in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the			
		d also in space I, if the station was carried					
	basis. For further informat	tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr	see page (v) of the general instru-	ictions.			
	multicast stream associate	ed with a station according to its over-the-	-	-			
		nel number the FCC assigned to the telev	vision station for broadcasting over	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, o	r a noncommercial			
	educational station, by en	tering the letter "N" (for network), "N-M" (for	for network multicast), "I" (for inde	ependent), "I-M"			
	For the meaning of these	t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct	ictions in the paper SA1-2 form.	,			
		ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	,	,			
		·					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	wkow	27.1	N	Madison, WI			
	WKOW-DT2	27.2	N-M	Madison, WI			
vs as Necessary	WKOW-DT3	27.3	N-M	Madison, WI			
	WKOW-DT4	27.4	N-M	Madison, WI			
	WKOW-DT5	27.5	N-M	Madison, WI			
	wisc	3.1	Ν	Madison, WI			
	WISC-DT2	3.2	N-M	Madison, WI			
	WISC-DT3	3.3	N-M	Madison, WI			
	WMSN	47.1	N	Madison, WI			
	F	Т	—				
	WMSN-DT2	47.2	N-M	Madison, WI			
	WMSN-DT2 WMSN-DT3	47.2 47.3	N-M N-M	Madison, WI Madison, WI			
	WMSN-DT3	47.3	N-M	Madison, WI			
	WMSN-DT3 WMSN-DT4	47.3 47.4	N-M N-M	Madison, WI Madison, WI			
	WMSN-DT3 WMSN-DT4 WMTV	47.3 47.4 15.1	N-M N-M N	Madison, WI Madison, WI Madison, WI			
	WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2	47.3 47.4 15.1 15.2	N-M N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI			
	WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3	47.3 47.4 15.1 15.2 15.3	N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4	47.3 47.4 15.1 15.2 15.3 15.4	N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5	47.3 47.4 15.1 15.2 15.3 15.4 15.5	N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6	47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6	N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA	47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6 21.1	N-M N-M N-M N-M N-M N-M N-M N-M E	Madison, WI Madison, WI			
	WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA WHA-DT2	47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6 21.1 21.2	N-M N-M N-M N-M N-M N-M N-M E E E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			

ounting Period:							
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	Dickeyville Telephone	LLC		63			
	PRIMARY TRANSMITTERS:	TELEVISION					
•	In General: In space G, ide	ntify every television station (including	rranslator stations and low power tele	evision stations)			
G	carried by your cable system	n during the accounting period, excep	t (1) stations carried only on a part-tin	ne basis under			
	5		he carriage of certain network program	•			
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain station	ons carried on a			
Television			arried by your cable system on a subs	stitute program			
		les, regulations, or authorizations:					
			the Special Statement and Program Lo	og)—if the			
	station was carried only on		d both on a substitute basis and also	on some other			
		•	, see page (v) of the general instructio				
			program services such as HBO, ESPN				
		5	e-air designation. For example, repor	t multistream			
	"WETA-2" as the same on the		evision station for broadcasting over th	a air in ita community			
		RC is channel 4 in Washington, D.C.	evision station for broadcasting over th				
			station, an independent station, or a r	noncommercial			
	educational station, by enter	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepen	ndent), "I-M"			
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).						
		"E" (for noncommercial educational),		nal multicast).			
	For the meaning of these te	"E" (for noncommercial educational), rms, see page (iv) of the general instr	uctions in the paper SA1-2 form.	,			
	For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis		s licensed by the			
	For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
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	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis 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.			

LEGAL NAME OI Dickeyville			5131EM.						SYSTEM I 636
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca						н
ecceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abourn. dentify the cal tate whether the radio stat this by placing Sive the statio	y the sy be rece it the C I sign of the stati tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received 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 th sys this ssed	e system's h tem's FM an point, see p by the cable	eadend, and tenna, during age (v) of the system as a nsed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D			CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/D	LOCATION OF STATION		ALL SIGN		5/D	LOCATION OF STATION	
N/A									
				·					

Accounting Perio							FUR	RM SA1-2E. PAGE 5					
Name	LEGAL NAME OF OWNER OF DICKEYVILLE TELEPHONE		TEM:					SYSTEM ID 63643					
	Dickeyvine Telephone							0304					
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	G								
I	In General: In space I, iden substitute basis during the												
Substitute	explanation of the program												
Carriage: Special	1. SPECIAL STATEMEN												
Statement and	During the accounting per		ir cable system	carry, on a substitute bas	sis, any nonne	etwork telev	vision progra						
Program Log	broadcast by a distant sta	ation?					YES	X NO					
	Note: If your answer is "N	o", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complet	te the progr	am					
	log in block 2. 2. LOG OF SUBSTITUT		MS										
	In General: List each sub			te line. Use abbreviations	wherever pos	ssible, if the	eir meaning	is					
	clear. If you need more sp												
	period, was broadcast by			ision program ("substitute our cable system substitute									
	under certain FCC rules, r	egulations, o	or authorization	s. See page (v) of the gen	eral instructio	ons for furth	er informati	on.					
	Do not use general catego "NBA Basketball: 76ers vs		vies" or "baske	tball." List specific program	m titles, for ex	cample, "I L	ove Lucy" c	br					
				r "Yes." Otherwise enter "I									
				asting the substitute progra ne community to which the		ensed bv th	e FCC or. ii	n					
	the case of Mexican or Ca	nadian statio	ons, if any, the	community with which the	station is ide	ntified).							
	Column 5: Give the mo first. Example: for May 7 g		when your sys	tem carried the substitute	program. Use	e numerals,	with the m	onth					
	Column 6: State the tin	nes when the		gram was carried by your				tely					
		Evample: a	nrogram carri	ed by a system from 6.01.	:15 p.m. to 6:2	28:30 p.m. s	should be						
		•	a program cam		to the nearest five minutes. Example: a program carried by a system from 6:01:15 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 listed program was substituted for programming that your system was required								
	stated as "6:00-6:30 p.m.'	, .			amming that	your system	n was <i>requ</i>	ired					
	stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules	, tter "R" if the and regulatio	listed program ons in effect du	was substituted for progra iring the accounting period	d; enter the le	tter "P" if th	e listed pro						
	stated as "6:00–6:30 p.m.' Column 7: Enter the let	, tter "R" if the and regulation mming that y	listed program ons in effect du	was substituted for progra iring the accounting period	d; enter the le	tter "P" if th	e listed pro						
	stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra	, tter "R" if the and regulation mming that y	listed program ons in effect du	was substituted for progra iring the accounting period	d; enter the le er FCC rules a	tter "P" if th and regulati	e listed pro ions in						
	stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	, tter "R" if the and regulation mming that y 5.	listed program ons in effect du /our system wa	was substituted for progra iring the accounting period is permitted to delete unde	d; enter the le er FCC rules a	tter "P" if th and regulati	e listed pro ions in TUTE URRED	gram 7. REASON FOI					
	stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	, tter "R" if the and regulation mming that y 5.	listed program ons in effect du ⁄our system wa	was substituted for progra iring the accounting period is permitted to delete unde	d; enter the le er FCC rules a	tter "P" if th and regulati	e listed pro ions in TUTE	gram					
	stated as "6:00–6:30 p.m." Column 7: Enter the lei to delete under FCC rules was substituted for progra effect on October 19, 1976	, tter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ilisted program ons in effect du vour system wa	was substituted for progra iring the accounting period is permitted to delete unde	d; enter the le er FCC rules a WHE CARRI 5. MONTH	tter "P" if th and regulati N SUBSTI AGE OCC 6. т	e listed pro ions in TUTE URRED IMES	gram 7. REASON FO					
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	, tter "R" if the and regulation mming that y 5. SUBSTITUT 2. LIVE?	ilisted program ons in effect du vour system wa	was substituted for progra iring the accounting period is permitted to delete unde	d; enter the le er FCC rules a WHE CARRI 5. MONTH	tter "P" if th and regulati N SUBSTI AGE OCC 6. т	e listed pro ions in TUTE URRED IMES	gram 7. REASON FO					
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Accounting Period:	2022/01	FORM SA1	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYS	STEM ID#
Name	Dickeyville Telephone LLC		63643
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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	973.51 receipts)
	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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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 \$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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #	[
	<u>Important:</u> 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 mo		

Accounting Period:	2022/01				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN Dickeyville Teleph	ER OF CABLE SYSTEM: Ione LLC			SYSTEM ID# 63643
M Channels	 to its subscribers, and 1. Enter the total num system carried televity 2. Enter the total num on which the cable 	d (2) the cable system's nber of channels on whic vision broadcast stations nber of activated channe system carried televisior		the accounting period.	23
N Individual to	INDIVIDUAL TO BE		ER INFORMATION IS NEEDED (Identify		
Be Contacted for Further Information	Name Mi	itchell Maier		Telephone (60	8) 886-8210
	(Nu Ma	25 Junction Rd Imber, street, rural route, apar adison, WI 53593 y, town, state, zip) Finance@tdstelec		Fax (optional)	
O Certification	I, the undersigned, h (Owner oth (Agent of c in line 1 X (Officer or in line 1 I have examined the	hereby certify that (Check her than corporation or powner other than corpor 1 of space B and that the r partner) I am an officer 1 of space B. statement of account and nd correct to the best of m	ist be certified and signed in accordance in ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable sys tion or partnership) I am the duly authoriz wher is not a corporation or partnership; or f a corporation) or a partner (if a partnership hereby declare under penalty of law that all knowledge, information, and belief, and arc	stem as identified in line 1 of space B; or zed agent of the owner of the cable syste p) of the legal entity identified as owner o I statements of fact contained herein	em as identified
			X /s/ Sharon V. Tisdale Enter an electronic signature on the line abo Enter signature using an "/s/ signature" (e.g.		
		Typed or printe	name: Sharon V. Tisdale		
		Title: (Title of c	Assistant Treasurer icial position held in corporation or partnership)		
		Date:		August 18, 2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code aution/zes the Copyright Unice to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, 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 II
keyville Telephone LLC	6364
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - days - Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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