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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/19/22	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/01 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20221 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Humphreys County Telephone Company
		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)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		salready 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.

ccounting Period		FORM SA1-2E. PAGE 18
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Humphreys County Telephone Company	6386
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community known as the "first community." Please use it as the first community on a Note: Entities and properties such as hotels, apartments, condominiums,	that you list will serve as a form of system identification hereafter II future filings.
Area Served	identified city.	or mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	New Johnsonville	TN
Community		
dd Rows as Necessary		

Accounting Period: 2022/01

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name Humphreys County Telephone Company

63867

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	77	\$25/mo			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential	77	\$6/Mo.			
Non-residential					
		T		T	l

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$8.00-\$15.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$50.00		
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$0-\$50.00	Burglar protection			
Additional set(s)	\$0-\$50.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$0-\$25.00		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2022/01 FORM SA1-2E. PAGE 3.

Name

Humphreys County Telephone Company

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63867

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (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 substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-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.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKRN	2.1	N	Nashville, TN
WKRN-DT2	2.2	N-M	Nashville, TN
WKRN-DT3	2.3	N-M	Nashville, TN
WKRN-DT4	2.4	N-M	Nashville, TN
WTVF	5.1	N	Nashville, TN
WTVF-DT2	5.2	N-M	Nashville, TN
WTVF-DT3	5.3	N-M	Nashville, TN
WZTV	17.1	N	Nashville, TN
WZTV-DT2	17.2	N-M	Nashville, TN
WZTV-DT3	17.3	N-M	Nashville, TN
WZTV-DT4	17.4	N-M	Nashville, TN
WSMV	4.1	N	Nashville, TN
WSMV-DT2	4.2	N-M	Nashville, TN
WSMV-DT3	4.3	N-M	Nashville, TN
WSMV-DT4	4.4	N-M	Nashville, TN
WSMV-DT5	4.5	N-M	Nashville, TN
WUXP	30.1	I	Nashville, TN
WUXP-DT2	30.2	I-M	Nashville, TN
WUXP-DT3	30.3	I-M	Nashville, TN
WNPT	8.1	E	Nashville, TN
WNPT-DT2	8.2	E-M	Nashville, TN
WNPT-DT3	8.3	E-M	Nashville, TN
WHTN	39.1	I	Murfreesboro, TN
WNPX-LP	20.1	I	Cookeville, TN

Accounting Period:	: 2022/01			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID
Name	Humphreys County	Telephone Company		6386
	PRIMARY TRANSMITTERS	: TELEVISION		
G Primary Transmitters: Television	carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station his station was carried <i>only</i> • List the station here, and basis. For further informa Column 1: List each stat multicast stream associal "WETA-2" as the same o Column 2: Give the char of license. For example,	d also in space I, if the station was carrie tion concerning substitute basis stations ion's call sign. <i>Do not</i> report origination ted with a station according to its over-the in the form. Intel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C.	t (1) stations carried only on a paine carriage of certain network prost (e)(2) and (4))]; and (2) certain starried by your cable system on a starried by yo	rt-time basis under grams [sections stations carried on a substitute program m Log)—if the also on some other actions. SPN, etc. Identify each aport multistream er the air in its community
		ch case whether the station is a network	•	
	(for independent multicas For the meaning of these Column 4: Give the local	ntering the letter "N" (for network), "N-M" bt), "E" (for noncommercial educational), terms, see page (iv) of the general instru- tion of each station. For U.S. stations, list hadian stations, if any, give the name of t	or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. t the community to which the statio	ational multicast). on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			3. TIPE OF STATION	
	WPGD	50.1		Hendersonville, TN
	WJFB	44.1	1	Lebanon, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63867

Humphreys County Telephone Company

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	AIVI OI I IVI	3/0	LOOATION OF STATION	OALL SIGN	AINI OI I IVI	3/10	LOOATION OF STATION
N/A							

ounting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:						SYSTEM I
Name	Humphreys County Te								638
	SUBSTITUTE CARRIAG	E: SPECIAL	L STATEMEI	NT AND PROGRAM LO	3				
ı	In General: In space I, ident	tifv everv nonn	network televis	sion program. broadcast by	a distant stati	on, that ve	our cab	ole svste	em carried on a
	substitute basis during the a	accounting per	riod, under sp	ecific present and former F0	CC rules, regul	ations, or	author	izations	. For a further
Substitute	explanation of the programm				e general instr	uctions in	the pa	per SA1	1-2 form.
Carriage: Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
tement and			cable system	n carry, on a substitute bas	sis, any nonne	twork tele	evision	progra	
gram Log	broadcast by a distant sta	ition?					\	YES	X NO
	Note: If your answer is "No	o", leave the re	est of this pag	ge blank. If your answer is	"Yes," you m	ust compl	ete the	e progra	ım
	log in block 2.	E DDOODAN	10						
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviations	wherever nos	ssible if th	neir me	eaning i	s
	clear. If you need more spa				Milorovor poc	, ii ii	1011 1110	Janning I	•
				rision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.		and the		_ "				
				er "Yes." Otherwise enter "l asting the substitute progra					
		0		he community to which the		ensed by t	he FC	C or, in	
	the case of Mexican or Car								
	first. Example: for May 7 gi	•	vhen your sys	stem carried the substitute	program. Use	e numeral	s, with	the mo	nth
			substitute pro	gram was carried by your	cable system	. List the	times a	accurate	ely
	Column o. State the tim								
	to the nearest five minutes.		program carri		15 p.m. to 6:2	28:30 p.m	. shoul	ld be	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example: a բ		ied by a system from 6:01:	•				rad
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett	. Example: a p	isted program	led by a system from 6:01:	amming that y	our syste	m was	requir	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example: a p ter "R" if the lis and regulatior	isted program ns in effect du	ied by a system from 6:01: was substituted for progra uring the accounting period	amming that y d; enter the le	our syste	m was	<i>requir</i> ed prog	
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	Example: a parter "R" if the list and regulation mming that yo	isted program ns in effect du	ied by a system from 6:01: was substituted for progra uring the accounting period	amming that y d; enter the le	our syste	m was	<i>requir</i> ed prog	
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	Example: a parter "R" if the list and regulation mming that yo	isted program ns in effect du	ied by a system from 6:01: was substituted for progra uring the accounting period	amming that y d; enter the let er FCC rules a	our syste	em was the liste ations i	requir ed prog in	
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	Example: a parter "R" if the list and regulation ming that yo	isted program ns in effect du our system wa	ed by a system from 6:01: n was substituted for prograuring the accounting period as permitted to delete under	amming that y d; enter the leter FCC rules a WHE CARRI	vour syste tter "P" if t and regula N SUBS ⁻ AGE OC	em was the liste ations i TITUTI CURR	required progin	
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	Example: a parter "R" if the list and regulation ming that yo	isted program ns in effect du our system wa	ed by a system from 6:01: n was substituted for prograuring the accounting period as permitted to delete under	amming that yd; enter the leter FCC rules a	vour syste tter "P" if t and regula N SUBS ⁻ AGE OC	em was the liste ations i	required progin	7. REASON F
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	Example: a pter "R" if the list and regulation mming that your substituting the second	isted program ns in effect du pur system wa E PROGRAM 3. STATION'S	ied by a system from 6:01: n was substituted for progracting the accounting period as permitted to delete under	amming that y d; enter the leter FCC rules a WHE CARRI 5. MONTH	vour syste tter "P" if i and regula N SUBST AGE OC	em was the liste ations i TITUTI CURR	required programmed pr	7. REASON F
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	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	Example: a pter "R" if the list and regulation mming that your substituting the second	isted program ns in effect du pur system wa E PROGRAM 3. STATION'S	ied by a system from 6:01: n was substituted for progracting the accounting period as permitted to delete under	amming that y d; enter the leter FCC rules a WHE CARRI 5. MONTH	vour syste tter "P" if i and regula N SUBST AGE OC	em was the liste ations i TITUTI CURR	required programmed pr	7. REASON F
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	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	Example: a pter "R" if the list and regulation mming that your substituting the second	isted program ns in effect du pur system wa E PROGRAM 3. STATION'S	ied by a system from 6:01: n was substituted for progracting the accounting period as permitted to delete under	amming that y d; enter the leter FCC rules a WHE CARRI 5. MONTH	vour syste tter "P" if i and regula N SUBST AGE OC	em was the liste ations i TITUTI CURR	required programmed pr	7. REASON F
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	Example: a pter "R" if the list and regulation mming that your substituting the second	isted program ns in effect du pur system wa E PROGRAM 3. STATION'S	ied by a system from 6:01: n was substituted for progracting the accounting period as permitted to delete under	amming that y d; enter the leter FCC rules a WHE CARRI 5. MONTH	vour syste tter "P" if i and regula N SUBST AGE OC	em was the liste ations i TITUTI CURR	required programmed pr	7. REASON F
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	Example: a pter "R" if the list and regulation mming that your substituting the second	isted program ns in effect du pur system wa E PROGRAM 3. STATION'S	ied by a system from 6:01: n was substituted for progracting the accounting period as permitted to delete under	amming that y d; enter the leter FCC rules a WHE CARRI 5. MONTH	vour syste tter "P" if i and regula N SUBST AGE OC	em was the liste ations i TITUTI CURR	required programmed pr	7. REASON F
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Accounting Period:			1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Humphreys County Telephone Company	SY	STEM ID
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 transr (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.	mission service amount, se	,130.42
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	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 the accounting period is \$52.00	nis 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)		
	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)	
	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		
	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	
	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	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 more		

Accounting Period:	2022/01	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Humphreys County Telephone Company	SYSTEM ID# 63867
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations	26 157
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Mitchell Maier Telephone (608) 886	-8210
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53593 (City, town, state, zip)	
	Email Finance@tdstelecom.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as id in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the call in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	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: Assistant Treasurer (Title of official position held in corporation or partnership)	
	Date: August 18, 2022	

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 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.

counting Period: 2022/01	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
mphreys County Telephone Company	63867
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1.	sic de sub- Special Statement
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners?	ssions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 underpayer an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 char	,
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	please
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, list below the owner, address, first community served, ID number, and accounting period as given in the original file.	•
Owner	
Address	
ID number	
First community served	
Accounting period	

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