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	01/24/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		39552 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	39552
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Lakeland Communications Group, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Lakeland Communications	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 40 (Number, street, rural route, apartment, or suite number)	
		Milltown, WI 54858-0040 (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 u	nless these
C		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAC
Name	Lakeland Communications Group, LLC	39
	Instructions: List each separate community served by the cable system. A "communit	
-	"a separate and distinct community or municipal entity (including unincorporated cor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area Served	identified city.	one parto should be reported in parentileses below the
Served		
	CITY OR TOWN	STATE
First	Luck Village	WI
Community	Balsam Lake Village	WI
,	Cushing	Wi
Rows as Necessary	Frederic Village	WI
	Milltown Village	
	Apple River Township	WI
	Balsam Lake Township	WI
	Beaver Township	WI
	Bone Lake Township	WI
	Eureka Township	WI
	Georgetown Township	WI
	Johnstown Township	WI
	Laketown Township	Wi
	Luck Township	WI
	McKinley Township	
	Milltown Township	WI
	St. Croix Falls Township	WI
	Sterling Township	WI
	Trade Lake Township	WI
	West Sweden Township	WI
	City of St. Croix Falls	WI

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	
Name	Lakeland Communication		LLC						3955
	SECONDARY TRANSMISSION		Becbi		TES				
E	In General: The information in s		-	-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						lo avotom	brokon	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicate	d—not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc	. (Example: "\$2	20/mth") for adva	. Summarize a	ny standai	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					I in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tv	o- or thre	e-word description	on of the s	ervice is	
	sufficient.	DCK 1			1		BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		614	49.99	As of 0	1/01/23 this s	evetom		
	Service to additional set(s)		014	45.55		ger offers vid			
	• FM radio (if separate rate)				service		eu		
	Motel, hotel		199	8.00	Service	•			
	Commercial		133	0.00					
	Converter								
	Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	3				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable		• Mo	tel, hotel		50.00			
	 Pay cable—add'l channel 		• Co	mmercial					
	Fire protection		• Pay	y cable					
	•Burglar protection		-	y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	50.00	• Bur	glar protection					
	 Additional set(s) 		Other	services:					
	 FM radio (if separate rate) 			connect		50.00			
	Converter		• Dis	connect					
	• Converter			connect tlet relocation		50.00			

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Lakeland Communic	ations Group, LLC		395
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including m during the accounting perior except (
U	FCC rules and regulations	in effect on June 24, 1981, permitting th	e carriage of certain network p	rograms [sectio
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragrapl	1(e)(2) and (4))]; and (2) certai	n stations carried on
Television	Substitute Basis Stations	With respect to any distant stations ca	rried by your cable system on a	a substitute progra
		ules, regulations, or authorization: e in space G—but do list it in space I (th	e Special Statement and Prog	ram Log)—if tl
	station was carried only on	a substitute basis also in space I, if the station was carried	hoth on a substitute basis and	t also on some oti
	basis. For further informati	on concerning substitute basis stations,	see page (v) of the general ins	tructio
		n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the		
	"WETA-2" as the same on	the form. el number the FCC assigned to the tele	vision station for broadcasting	over the air in its commun
	of license. For example, W	/RC is channel 4 in Washington, D.C	-	
		n case whether the station is a network ering the letter "N" (for network), "N-M" (
	(for independent multicast)	, "E" (for noncommercial educational), c	r "E-M" (for noncommercial ed	
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		ation is licensed by t
		idian stations, if any, give the name of the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTCA	2.1	E	St. Paul, MN
d Rows as Necessary	tptMN	2.2	E-M	St. Paul, MN
	tptLife	2.3	E-M	St. Paul, MN
	tptWX	2.4	E-M	St. Paul, MN
	wcco	4.1	N	Minneapolis, MN
	Decades	4.2	I-M	Minneapolis, MN
	DABL	4.3	N-M	Minneapolis, MN
	KSTP	5.1	N	St. Paul, MN
	кэтс	5.2	I	St. Paul, MN
	Me TV	5.3	I-M	St. Paul, MN
	Antenna TV	5.4	I-M	St. Paul, MN
	This TV	5.6	I-M	St. Paul, MN
	Heroes & Icons	5.7	I-M	St. Paul, MN
	wqow	6.1	N	Eau Claire, WI
	WFTC	7.1	I	Minneapolis, MN
	WEUX	8.1	I	Chippewa Falls, Wl
	KMSP	9.1	I	Minneapolis, MN
	Movies!	9.3	I-M	Minneapolis, MN
	Buzzr	9.4	I-M	Minneapolis, MN
	WHWC	10.1	E	Menomonie, WI
	WPT2 WI	10.2	E-M	Menomonie, WI
	WPT3 Create	10.2	E-M	Menomonie, WI
		11.1	N	Minneapolis, MN
	KARE Court TV	11.2	I-M	Minneapolis, MN
	Justice	11.3	I-M	Minneapolis, MN
	Quest	11.4	I-M	Minneapolis, MN
	Circle	11.5	N-M	Minneapolis, MN
	WEAU	13.1	N	Eau Claire, WI
				St Cloud MN
	КРХМ	14.1		St. Cloud, MN
	КРХМ	14.1	1	

Accounting F	Period: 2022	/2					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
Lakeland Co	ommunicat	ions G	roup, LLC					39552
all-band basis v	t every radio s whose signals	station ca were ge	arried on a separate and discr nerally receivable by your cab	le system during	the accountin	ig period	1.	Н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: G) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of o the static ion's sig g a chech n's locati	I-Band FM Carriage: Under (item whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
		+						
		+						
		+						
		+						
		L	I				I	

Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Lakeland Communicat	ions Gro	up, LLC					39552
	SUBSTITUTE CARRIAG				3			
I I	In General: In space I, identi					ion that you	ır cahla svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televi	sion progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	. leave the	rest of this pac	e blank. If vour answer is "	Yes." vou mu	ust complete	e the program	m
	log in block 2.	,		,	····, / ·····			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				vherever pos	sible, if thei	ir meaning is	5
	clear. If you need more spa				rogrom") the	t during th	o occounting	
	period, was broadcast by a			ision program ("substitute p ur cable system substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for furthe	er informatio	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	o "			
				sting the substitute program				
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the s tem carried the substitute p			with the mor	ath
	first. Example: for May 7 giv		when your sys			numerais,	with the mor	
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	was substituted for progra	mming that v	our system	was require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulation	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
		100 01 110	ONEE OTOTA		AND BAT	TROM	10	
							<u> </u>	
								"
							_	
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
1421116	Lakeland Communications Group, LLC		39552
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service amount, see	3,465.87 iss 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 \$2. 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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
		,	
	1. Base amount under statutory formula \$ 263,800.00	-	
	2. Enter amount of gross receipts from space K \$ 218,465.87	-	
	3. Subtract line 2 from line 1		
		218,465.87	
	5. Enter the amount from line 3	45,334.13	
		173,131.74	
	7. Multiply line 6 by .005 (enter figure here)		865.66
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$	865.66
	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		
	2. base another 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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	865.66	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	885.66
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Name Links while OF CMERE OF CMERE OF POTENCE SYSTEM INF M Channels Crannels Crannels Crannels Crannels Crannels 29 M Instructions: You must give (1) the number of channels on which the cable system canted between threadouts stations 29 Instructions: You must give (1) the number of channels on which the cable system canted between threadouts stations 29 Instructions: You must give (1) the number of channels on which the cable system canted between threadouts stations 65 Instructions: You must give (1) the number of channels on which the cable system canted between threadout stations 65 Instructions: You must give (1) the number of channels on which the cable system canted between threadout stations 65 Instructions: You must give (1) the number of channels on which the cable system canted between threadout stations 65 N BODDUAL TO B CONNECTED IF FURTHER INFORMATION IS NEEDED (Joerthy on number of threadout stations 65 Individual to be construction of the cable system and the cable system as threadout to station which the cable system as threadout to station of the cable system as the cable system as the cable system as the good lab.	Accounting Period:	2022/2				FORM SA1-2E. PAGE 7
None 29 Number 29 Numer	Name					
Performance of advances to advance at stations and incohered deviation branches and incohered deviation and deviation in the longer deviation and deviation andine in a coordinate deviation and deviation and deviation and d		Instructions:			•	
or which the cable system carried television broadcast stations 65 N MOVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about the statement of account.) Individual to be contacted if the statement of account.) Name Crystal Moriey Telephone 715-825-5105 Name Crystal Moriey Telephone 715-825-5105 Telephone 715-825-5105 Name Crystal Moriey Telephone 715-825-5105 Address 825 Innovation Avenue Provide member Millicourt, WI 54859 Telephone 716-825-5105 Telephone 716-825-5105 (UV) Work, telex. apple Provide member Provide member Millicourt, WI 54859 Telephone 716-825-5105 Telephone 716-825-5105 (UV) Work, telex. apple Provide member Provide member Provide member Millicourt, WI 54859 Telephone 716-825-5105 Telephone 716-825-5105 (UV) Work, telex. apple Provide member Provide member Provide member (UV) Work, telex. apple Provide member Provide member Provide member (UV) Work, telex. apple Provide member Provide member Provide member (UV) Work, telex. apple telex work of the teles apple member	onumers					29
Individual to Be Contacted for Further for Further main Name Crystal Morley Telephone 715-825-5105 Address 251 Innovation Avenue Withink: attel value appendent of using anabout (Cyr, tork, state) Telephone 715-825-5105 Address 252 Innovation Avenue Withink: attel value appendent of using anabout (Cyr, tork, state) Fax (optional) Book CertificAtion (This statement of account must be certified and signed in accordance with Copyright Office regulations) Contribution - 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Imag		on which the	cable system carried television	broadcast		65
for Further information Name Crystal Morley Telephone 715-826-5105 Address 825 Innovation Avenue Winter, sitest, coal robe applications, coals number) Minter, sitest, coals number) Winter, winter, sitest, coal robe applications, coals number) Minter, sitest, coal Fax (optional) Constraints Crystal m@lakelandteam.com Fax (optional) O Certification - 1, the undersigned, hereby certify that (Check one, but only one, of the cable system as identified in line 1 of space B; or O O (Officer or partnership) I am the owner of the cable system as identified in line 1 of space B; or O O (Officer or partnership) I am the owner of the cable system as identified in line 1 of space B; or O (Officer or partnership) I am the owner of the cable system as identified in line 1 of space B; or O (Officer or partner) am an officer (f a corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or O (Officer or partner) I am an officer (f a corporation) or a partner f(f a partnership) or the lead and signed the salarment of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the beat of my knewledge, information, and beief, and are made in good faith. If U U S C, Section 100 (1986) There in electronic signature on the line above to certify this statement. Enter signature on the line above to certify this statement. Enter signature on the line above t	Individual to				RMATION IS NEEDED (Identify an individual to whom	
Interview treater, truit looks assessed Military, Wit Seasses (City, town, site xey) Email orgestalm@lakelandteam.com Fax (optional) (City, town, site xey) Control (This statement of account must be certified and signed in accordance with Copyright Office regulations) • In 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 odly authorized agent of the owner of the cable system as identified in line 1 of space B; or • (In the of organize and that the owner is in a corporation or partnership) I am the odly authorized agent of the owner of the cable system as identified in line 1 of space B; or • (Officer or partner) I am an officer (If a corporation) or a partnership) of the legal entity identified as owner of the cable system is inten 1 of space B; • In we examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and cores the best of my knowledge, information, and befer, and are made in good faith. (BU US C, Section 1001(1986)) There are electronic signature on the line above to certify this statement. Tryped or printed name: John K. Klatt The or organize or parthership) The organize organize organize organize or	for Further	Name	Crystal Morley		Telephon	e 715-825-5105
(City, Lown, sale, 7(0) Email crystalm@lakelandteam.com Pax (optional) Certification Cer		Address			te number)	
Certification Certification Certification - 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
P Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Control of the cable system as identified in line 1 of space B; or Image: Control of the cable system as identified in line 1 of space B; or Image: Control of the cable and that the owner is not a corporation or partnership) and the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Control of the cable and that the owner is not a corporation or partnership; or Image: Control of the cable and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system 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. [1] U.S.C., Section 1001(1986) Image: Control of the duly authorized signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John K. Klatt Typed or printed name: Image: Control of printed name: Image: Control of printed name: Image: Control of printed name: Image: Control of printed name: Image: Control of printed name: Image: Control of printed name: Image: Control of printed name: Image: Control of printed name: Image: Control of printer name: Image: Control of pr		Email	crystalm@lakela	andteam.	com Fax (optional)	
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: John K. Klatt Title: President/CEO (Title of official position held in corporation or partnership)	-	I, the undersig (Ow (Age X (Of I have examinare true, comp	gned, hereby certify that (Check or mer other than corporation or par- ent of owner other than corporat in line 1 of space B and that the ow ficer or partner) I am an officer (if in line 1 of space B. hed the statement of account and h lete, and correct to the best of my	ne, but only artnership tion or pa wner is noi f a corpora nereby deco	<i>y one</i> , of the boxes.) b) I am the owner of the cable system as identified in line 1 of space rtnership) I am the duly authorized agent of the owner of the cable t a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified as ow clare under penalty of law that all statements of fact contained hereir	B; or system as identified /ner of the cable system
Title: President/CEO (Title of official position held in corporation or partnership)				Enter an e	electronic signature on the line above to certify this statement.	-
(Title of official position held in corporation or partnership)			Typed or printed	name:	John K. Klatt	
Date: 1/24/2023						
			Date:		1/24/2023	

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 telephol 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

unting Period: 2022/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
eland Communications Group, LLC	395
 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 Statemer Concerning Gros Receipts Exclusio
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 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 encurst of late normant or undernormant	
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
x	Interest Assessm
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.