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 | T OFFICE USE ONLY |
|---------------|-------------------|
| DATE RECEIVED | AMOUNT |
| 1/19/2023 | \$ |
| | ALLOCATION NUMBER |

Return completed workbook by email to

coplicsoa@copyright.gov

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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|----------------------|---|
| | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| Accounting | 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. |
| | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM |
| | Nextgen Communications, LLC |
| | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | |
| | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | PO Box 47 (Number, street, rural route, apartment, or suite number) |
| | Clear Lake, WI 54005 (City, town, state, zip) |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these |
| | names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: |
| | 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 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 filing, a determination that would be made by a court of law.

| Accounting Period: | 2022/2 | |
|-----------------------|--|---|
| | | FORM SA1-2E. PAGE 1b. |
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| | Nextgen Communications, LLC | 0 |
| D | Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated comunicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile | nmunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first |
| Area Served | city. | |
| | CITY OR TOWN | STATE |
| First Community | Glenwood City | WI |
| Add Rows as Necessary | | |
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Accounting Period: 2022/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Nextgen Communications, LLC

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 | | BLOCK 2 | | | | |
|-------------------------------|-------------|--------|---------------------|-------------|------|--|--|
| | NO. OF | | | NO. OF | | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | RATE | CATEGORY OF SERVICE | SUBSCRIBERS | RATE | | |
| Residential: | | | | | | | |
| Service to first set | 200 | 118.68 | | | | | |
| Service to additional set(s) | | | | | | | |
| • FM radio (if separate rate) | | | | | | | |
| Motel, hotel | | | | | | | |
| Commercial | | | | | | | |
| Converter | | | | | | | |
| Residential | | | | | | | |
| Non-residential | | | | | | | |
| | | | | | | | |

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.

| | BLO | CK 1 | | | BLOCK 2 | |
|---|------|-------------------------------|------|---|---------------------|------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | T | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | | |
| • Pay cable | | Motel, hotel | | - | | |
| Pay cable—add'l channel | | Commercial | | ſ | | |
| Fire protection | | • Pay cable | | ſ | | |
| •Burglar protection | | Pay cable-add'l channel | | ı | | |
| Installation: Residential | | Fire protection | | ı | | |
| First set | | Burglar protection | | ſ | | |
| Additional set(s) | | Other services: | | ı | | |
| • FM radio (if separate rate) | | Reconnect | | ı | | |
| Converter | | Disconnect | | ı | | |
| | | Outlet relocation | | ı | | |
| | | Move to new address | | ı | | |
| | | | | ı | | |

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Nextgen Communications, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION 2 St. Paul, MN **KTCA** Ε **WEUX** 48 Chippewa Falls, WI ı wcco Ν 4 Minneapolis, MN **KSTP** St. Paul, MN 5 Ν WFTC 29 Minneapolis, MN **KMSP** 9 ı Minneapolis, MN **WQOW** 18 Ν Eau Claire, WI **KARE** 11 Ν Minneapolis, MN **WEAU** 13 N Eau Claire, WI **WHWC** Ε 28 Menomonie, WI **KSTC** 45 Minneapolis, MN

Add Rows as Necessary

Nextgen Communications, LLC

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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).

| | | | T | I I | T | T = - | F. 2 2 . 2 . 2 |
|-----------|----------|--------------|---------------------|-----------|----------|-------|---------------------|
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
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| Accounting Perio | | 2 4 D. E. 03 (0 E. | | | | | | | FORM | SA1-2E. PAGE 5. |
|------------------|--|--|---|--|--|--|--|---|--|-----------------|
| Name | LEGAL NAME OF OWNER OF O | | EM: | | | | | | | SYSTEM ID# |
| | SUBSTITUTE CARRIAGE | · SPECIAI | STATEMEN | T AND PROGRAM I C |)G | | | | | |
| Substitute | In General: In space I, identifications substitute basis during the acceptanation of the programmi | fy every none ecounting pe | network televisi riod, under spe | ion program, broadcast b | oy a <i>d</i> FCC r | ules, regula | itions, or a | uthorizati | ons. F | or a further |
| Carriage: | 1. SPECIAL STATEMENT | CONCEDI | NING SUBSTI | THE CAPPIAGE | | | | | | |
| Special | During the accounting peri | | | | acic | any nonne | work tolev | ision pro | aram | |
| Statement and | | • | cable system | carry, orra substitute b | asis, | arry Hornic | WOIN ICICV | | Ī | |
| Program Log | broadcast by a distant stat | | root of this pag | a blank If your answer | io "V | | ot comple | YE | | NO |
| | Note: If your answer is "No, log in block 2. | leave the i | est of this pag | e blank. II your answer | IS TE | es, you mu | ist comple | te the pro | ogram | |
| | 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, regulation to the case of Mexican or Column 2: If the program Column 3: Give the call of Column 4: Give the broad the case of Mexican or Canal Column 5: Give the monofirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00—6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976. | itute prograice, please a of every nor distant staticgulations, or es like "mov Bulls." In was broad sign of the s doast statio adian station th and day we "5/7." Example: a er "R" if the lind regulation of the limit of the li | m on a separal add additional ranetwork televion and that your authorizations ries" or "baske" cast live, enter tation broadcan's location (the has, if any, the cowhen your syst substitute program carried isted program ins in effect du | ows to the tables. sion program ("substituur cable system substitus. See page (v) of the gotball." List specific program ("Yes." Otherwise enter sting the substitute program was carried by your carried the substitute gram was carried by your ded by a system from 6:00 was substituted for progring the accounting peri | te produted for the product of the p | ogram") that or the progular instruction is licention is licention is licention is idention. Use one system. Use one system. p.m. to 6:2 ming that ynter the let | t, during the ramming of the for furth ample, "I Less the times and the first the first the times and the first th | ne account another er informove Lucy e FCC or with the mes accushould but a was received in was received in the elisted procession of the elisted procession and the elisted procession of the elisted procession and the elisted procession of the elisted | nting r station nation. y" or r, in e mont urately e quired | h , |
| | | | | | | WHE | N SUBST | ITUTE | | |
| | S | UBSTITUT | E PROGRAM | | | CARR | AGE OCC | CURRED | | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATIO | 1 1 | 5. MONTH AND DAY | 6. FROM | TIMES — 1 | го | DELETION |
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| Accounting Period: 2 | 2022/2 | | FORM SA | A1-2E. PAGE 6. |
|------------------------------------|---|-----------------------------------|-----------------------------|---------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | S | YSTEM ID# |
| . tame | Nextgen Communications, LLC | | | 0 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's sec (as identified in space E) during the accounting period. For a further explanation of how to 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. | condary transmi compute this a | ssion service mount, see | 7,842.42 pss 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 tha Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information. | | 63,800. | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR L | ESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00. | u must pay for th | is six-month | |
| | Line 1. Royalty fee for accounting period | | | |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. | | | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo | re than \$137,1 | 00) | |
| | 1. Base amount under statutory formula | 263,800.00 | | |
| | Enter amount of gross receipts from space K | 147,842.42 | | |
| | 3. Subtract line 2 from line 1 | 115,957.58 | | |
| | 4. Enter the amount of gross receipts from space K | \$ 1 | 47,842.42 | |
| | 5. Enter the amount from line 3 | | 15,957.58 | |
| | 6. Subtract line 5 from line 4 | | 31,884.84 | |
| | | | | 450.42 |
| | 7. Multiply line 6 by .005 (enter figure here) | | | 159.42 |
| | 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 | | \$ | 159.42 |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but I | ess than \$527, | 600) | |
| | Enter the amount of gross receipts from space K | | | |
| | 2. Base amount under statutory formula | 263,800.00 | | |
| | 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 \ldots | | | |
| | 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) | . \$ | 159.42 | |
| 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 | | \$ | 179.42 |
| | EFT Trace # or TRANSACTION ID # | | | |
| | Important: Your remittance must be in the form of an electronic payment payable See page i of the general instructions in the paper SA1-2 form and the Excel instru | | | |

| Accounting Period: 2 | 2022/2 | | | FORM SA1-2E. PAGE 7. |
|------------------------------|---|--|--|-------------------------|
| Name | | WNER OF CABLE SYSTEM: | | SYSTEM ID# 0 |
| M Channels | to its subscriber 1. Enter the total system carrie 2. Enter the total | s, and (2) the cable system's | ns | 11 |
| | | • | | 68 |
| N Individual to Be Contacted | | D BE CONTACTED IF FURT about this statement of acco | HER INFORMATION IS NEEDED (Identify an individual unt.) | |
| for Further Information | Name | Nettie Groat | Telephone | 715-263-2447 |
| | Address | PO Box 47 (Number, street, rural route, apar | | |
| | | Clear Lake, WI 5400 (City, town, state, zip) | J5 | |
| | Email | nettie.groat@c | tcomm.net Fax (optional | |
| 0 | CERTIFICATION | (This statement of account m | ust be certified and signed in accordance with Copyright Office regulations) | |
| Certification | • I, the undersigne | ed, hereby certify that (Check o | ne, but only one, of the boxes.) | |
| | (Owne | r other than corporation or p | partnership) I am the owner of the cable system as identified in line 1 of space I | 3; or |
| | (Agent | | ation or partnership) I am the duly authorized agent of the owner of the cable see owner is not a corporation or partnership; or | system as identified |
| | X (Office | er or partner) I am an officer in line 1 of space B. | if a corporation) or a partner (if a partnership) of the legal entity identified as ow | ner of the cable system |
| | | te, and correct to the best of n | hereby declare under penalty of law that all statements of fact contained herein by knowledge, information, and belief, and are made in good faith. | |
| | | | X /s/ Tim Kusilek | |
| | | | 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: Tim Kusilek | |
| | | Title: | General Manager tle of official position held in corporation or partnership) | |
| | | Date: | 01-19-2023 | |

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 filing, a determination that would be made by a court of law.

| counting Period: 2022/2 | | FORM SA1-2E. PAGE 8 |
|--|--|---|
| AL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# |
| xtgen Communications, LLC | | 0 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Colowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions. For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross received by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. | copyright Act by adding the fol- the cable system for the basic the system shall not include sub- tions pursuant to section 119." the general instructions the for secondary transmissions | P Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Mailing Address | | |
| | | 1 |
| INTEREST ASSESSMENT | | |
| You must complete this worksheet for those royalty payments submitted as a result of a For an explanation of interest assessment, see page (viii) of the general instructions loo | | Q |
| Line 1 Enter the amount of late payment or underpayment | | Interest Assessment |
| . , . , . , | Y | |
| Line 2. Multiply line 4 by the interest rate* and antenths come have | ^ | |
| 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 | <u>-</u> | |
| | | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | <u>-</u> | |
| Line 4 Multiply line 3 by 0.00274** and enter here | x 0.00274 | |
| Line 4 Multiply line 3 by 0.00274** and enter here | x 0.00274 \$ | |
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