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.	

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGH	FOFFICE USE ONLY	Return completed workbook by email to
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
1/19/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Barcode Data Filing Period (optional - see instructions)								
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.								
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								
CLT Communications, LLC (#062656)								
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)								
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.								
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.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CLT Communications, LLC (#062656) 0							
D Area Served	CLT Communications, LLC (#062656) U Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	Clear Lake	WI						
Community								
Add Rows as Necessary								

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	CLT Communications, L	ns, LLC (#062656)								
	SECONDARY TRANSMISSION			TES						
E	In General: The information in s				y transmission s	ervice of th	e cable			
	system, that is, the retransmission									
Secondary	about other services (including p last day of the accounting period					nose existir	ng on the			
Transmission Service: Sub-						le system	broken			
scribers and	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									
Rates	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.	-				-				
	category, but do not include disc	· ·	,			wiunin a pa				
	Block 1: In the left-hand block				ondary transmis	sion service	e that cable			
	systems most commonly provide						0,			
	that applies to your system. Note		-		-					
	categories, that person or entity subscriber who pays extra for ca					•				
	first set" and would be counted o									
	Block 2: If your cable system h				service that are	different fro	om those			
	printed in block 1 (for example, ti	iers of services t	hat include one or m	ore second	dary transmissio	ns), list the	em, together			
	with the number of subscribers a	nd rates, in the r	right-hand block. A t	wo- or three	e-word description	on of the se	ervice is			
	sufficient.	OCK 1		П		BLOCK	()			
		NO. OF					NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBER	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT		
	Residential:		97 449.09							
	Service to first set		87 118.68							
	• Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO	ONDARY TRAN	SMISSIONS: RATE	S						
F	In General: Space F calls for rat	•	,	-	• •					
Г	not covered in space E, that is, the									
Services	service for a single fee. There ar furnished at cost or (2) services		,	0		0()				
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the	rate column.			C C		0			
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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.									
		BLOC					BLOCK 2			
	CATEGORY OF SERVICE		CATEGORY OF SEF	RVICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		nstallation: Non-res							
	• Pay cable		Motel, hotel							
	• Pay cable—add'l channel		Commercial							
	Fire protection		 Pay cable 					[
	•Burglar protection		• Pay cable-add'l c	hannel						
	Installation: Residential		Fire protection					[
	First set		• Burglar protectior	ı				[
	 Additional set(s) 	c	Other services:							
	• FM radio (if separate rate)		Reconnect							
	• Converter		Disconnect							
			Outlet relocation							
			Move to new add	ress						

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE
ame	CLT Communication			
	PRIMARY TRANSMITTERS:			
G imary smitters: avision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.610 substitute program basis, i Substitute Basis Stations basis under specific FCC f • Do <i>not</i> list the station he station was carried <i>only</i> of • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the charn of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	1) stations carried only on a part- e carriage of certain network progra (e)(2) and (4))]; and (2) certain statistical ried by your cable system on a sub- e Special Statement and Program both on a substitute basis and als ee page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep- ision station for broadcasting over ration, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. he community to which the station	time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other ctions. PN, etc. Identify each boort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КТСА	2	E	St. Paul, MN
	WEUX	48	I	Chippewa Falls, WI
s as Necessary	wcco	4	N	Minneapolis, MN
	KSTP	5	N	St. Paul, MN
	WFTC	29	I	Minneapolis, MN
	KMSP	9	I	Minneapolis, MN
	WQOW	18	N	Eau Claire, WI
	KARE	11	N	Minneapolis, MN
	WEAU	13	N	
		10	IN	Eau Claire, WI
	мнмс	28	E	
	МНМС	28		Menomonie, WI
	МНМС	28		Menomonie, WI
	МНМС	28		Menomonie, WI
	МНМС	28		Menomonie, WI
	МНМС	28		Menomonie, WI
	МНМС	28		Menomonie, WI
	МНМС	28		Menomonie, WI
	МНМС	28		Menomonie, WI
	МНМС	28		Menomonie, WI
	МНМС	28		Menomonie, WI
	МНМС	28		Menomonie, WI

	OWNER OF (SYSTEM I
CLT Commu	nications,	LLC (#	#062656)					
		RADIO						
n General: List	every radio s	tation ca	rried on a separate and discre				ied on an	н
	Ū		nerally receivable by your cable	, ,				
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.								
aper SA1-2 for			and station convird					
			each station carried. n is AM or FM.					
		-	nal was electronically processe	ed by the cable s	ystem as a se	parate a	nd discrete	
			a mark in the "S/D" column. on (the community to which the	e station is licens	ed by the FC0	C or, in t	ne case of	
lexican or Can	adian stations	, if any, t	the community with which the	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					l	I		

Accounting Perio						FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#
Indifie	CLT Communications,	LLC (#06	62656)				0
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG			
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a						
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Substitute Carriage:							
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE						
Statement and							
Program Log	5					YES	NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the progra	am
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations v	wherever nos	sible if their meaning i	s
	clear. If you need more spa						5
				sion program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori						
	"NBA Basketball: 76ers vs.		least live anter	"Vac " Otherwise enter "N	lo."		
				"Yes." Otherwise enter "N sting the substitute progra			
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice		
	the case of Mexican or Can						ath
	first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Use	numerais, with the mo	nun
	Column 6: State the time	es when the		gram was carried by your o			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was require	ed
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	enter the let	ter "P" if the listed prog	ram
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	
	s	UBSTITUT	E PROGRAM			EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
		103 01 110	OALE OIOIN				
						_	
						_	
						—	
						_	
						_	
		+					

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	CLT Communications, LLC (#062656)		0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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.	ission service mount, see	2,840.77 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 \$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 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 \$ 263,800.00 3. Subtract line 2 from line 1 1		
	4. Multiply line 3 by .01		
	Multiply line 5 by .01 S. 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)	52.00	
Due	2. 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 #		
	Important: 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 than the the second		

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CLT Communications, LLC (#062656)	SYSTEM ID# 0
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	11 68
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Nettie Groat Telephone 71	5-263-2447
	Address PO Box 47 (Number, street, rural route, apartment, or suite number) Clear Lake, WI 54005 (City, town, state, zip)	
	Email nettie.groat@cltcomm.net 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, <i>but only one</i>, 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 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 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)] 	m as identified
	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 (Title of official position held in corporation or partnership)	
	Date: 01/19/2023	

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ccounting Period: 2022/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
LT Communications, LLC (#062656)	C
 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 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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here 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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** 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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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