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

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

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

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/23/2023

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/02 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20222 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
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Road (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
		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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Communications Corporation of Indiana	63630
	Instructions: List each separate community served by the cable system. A "communit	
D	separate and distinct community or municipal entity (including unincorporated comm	
U	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser	e as a form of system identification hereafter known as the "first
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he	me parks should be reported in parentheses below the identified
Served	city.	
oontou		
	CITY OR TOWN	STATE
First	Whitestown	IN
Community	Zionsville	IN
	Clayton	IN
Rows as Necessary	Plainfield	IN
nows as necessary	Amo	IN IN
	Stilesville	
		IN
	Coatesville	IN
	Mooresville	
	Liberty	IN

									SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C							5	YSTEM ID
	Communications Corpo	oration of In	diana						6363
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RA	ATES				
E	In General: The information in s	space E should	cover a	all categories of	f seconda	•			
0	system, that is, the retransmissi								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						tnose e	xisting on the	
Service: Sub-	Number of Subscribers: Both						ble syst	em, broken	
scribers and	down by categories of secondar			0 / 1		•			
Rates	each category by counting the n		0			•	•	ons charged	
	separately for the particular server Rate: Give the standard rate of							narge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		•		,			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count u	nder "Se	rvice to the	
	first set" and would be counted of	•			• • •	a convice that an	o difforo	nt from these	
	Block 2: If your cable system printed in block 1 (for example, the system)	0							
	with the number of subscribers a						<i>,</i> · ·		
	sufficient.				1				
	BL	OCK 1 NO. OF	:				BLO	CK 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBER	s RATE
	Residential:								
	 Service to first set 		1,029	\$25/mo					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		13	\$64/mo					
	Converter								
	Residential		1,029	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	ate (not subscri	ber) info	ormation with re	espect to a	all your cable sy	stem's s	ervices that were	
F	not covered in space E, that is,								
Services	service for a single fee. There a furnished at cost or (2) services	•			•		•	()	
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the					-			
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha								
Rates	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	• •							
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	VICE	RATE	CATE	EGORY OF SERVI	
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	\$8.00-\$15.00	• Mo	tel, hotel					
	 Pay cable—add'l channel 		• Co	mmercial		\$0 - \$50.00			
	- Fire protection		• Pa	y cable					
	 Fire protection 		• Pa	y cable-add'l cł	nannel				
	•Burglar protection								
	•		• Fire	e protection					
	•Burglar protection	\$0-\$50.00		e protection rglar protection					
	•Burglar protection Installation: Residential	\$0-\$50.00 \$0-\$50.00	• Bu	•					
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Bui Other • Re	rglar protection services: connect		\$0-\$25.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Bui Other • Re	rglar protection services:		\$0-\$25.00			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Bui Other • Re • Dis	rglar protection services: connect		\$0-\$25.00 19.98-39.96			

unting Period:	-			FORM SA1-2E. P
Name	LEGAL NAME OF OWNER C			SYSTEM
	Communications Co	•		63
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station : basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • 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, V Column 3: Indicate in eac educational station, by ent (for independent multicast; For the meaning of these t Column 4: Give the location	entify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. 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- d with a station according to its over-the- the form. hel number the FCC assigned to the televion VRC is channel 4 in Washington, D.C. h case whether the station is a network st ering the letter "N" (for network), "N-M" (for b, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list the	1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta ried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also dee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over ration, an independent station, or a for network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	me basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community the air in its community noncommercial endent), "I-M" ional multicast). is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	e community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	WRTV	6.1	<u>N</u>	Indianapolis, IN
		6.2	N-M	Indianapolis, IN
vs as Necessary	WRTV-DT3	6.3	N-M	Indianapolis, IN
		29.1	N	Kokomo, IN
	WTTK-DT2	29.2	N-M N-M	Kokomo, IN
	WTTK-DT3 WXIN			Kokomo, IN
		59.1	N N	Indianapolis, IN
	WXIN-DT2	59.2	<u>N-M</u>	Indianapolis, IN
	WXIN-DT3	59.3		Indianapolis, IN
	WXIN-DT4 WTHR	59.4 13.1	<u>N-M</u>	Indianapolis, IN
		13.1	N-M	Indianapolis, IN Indianapolis, IN
	WTHR-DT2 WTHR-DT3	13.3	N-M	Indianapolis, IN
	WTHR-DT5	13.5	N-M	Indianapolis, IN
	WTHR-DT6	13.6	N-M	Indianapolis, IN
	WFYI	20.1	E	Indianapolis, IN
	WFYI-DT2	20.1	E	Indianapolis, IN
	WDTI	69.1	E-141	-
	WHMB	40.1		Indianapolis, IN Indianapolis, IN
		40.1		

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	Communications Corp	oration of Indiana		6
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	during the accounting period, except	translator stations and low power televi (1) stations carried only on a part-time	e basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e)(substitute program basis, as	(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	ne carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substi	ns carried on a
	basis under specific FCC rule	es, regulations, or authorizations: in space G—but do list it in space I (th	ne Special Statement and Program Log	
	• List the station here, and als basis. For further information Column 1: List each station's	so in space I, if the station was carried concerning substitute basis stations, s call sign. <i>Do not</i> report origination p	d both on a substitute basis and also or see page (v) of the general instruction program services such as HBO, ESPN,	is. , etc. Identify each
	"WETA-2" as the same on the Column 2: Give the channel	e form. number the FCC assigned to the tele	e-air designation. For example, report r	
	Column 3: Indicate in each c educational station, by enterin	ng the letter "N" (for network), "N-M" (station, an independent station, or a no for network multicast), "I" (for independ	dent), "I-M"
	(for independent multicast)	F" (for noncommercial educational) c	or "E-M" (for noncommercial educationa	al multicast)
	For the meaning of these terr Column 4: Give the location	ms, see page (iv) of the general instru of each station. For U.S. stations, list	ictions in the paper SA1-2 form. the community to which the station is I	licensed by the
	For the meaning of these terr Column 4: Give the location	ms, see page (iv) of the general instru of each station. For U.S. stations, list	ictions in the paper SA1-2 form.	licensed by the
	For the meaning of these terr Column 4: Give the location	ms, see page (iv) of the general instru of each station. For U.S. stations, list	ictions in the paper SA1-2 form. the community to which the station is I	licensed by the
	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
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	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.

EGAL NAME OF								SYSTEM I 636
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cable				ied on an	Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing vive the statior	y the sys be recei t the Co sign of e he static ion's sign a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anten his point, see pag ed by the cable sy e station is licens	idend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC	it can b rtain sta eneral ins	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
V/A		5/0		CALL SIGN		5/0	LOCATION OF STATION	
							·	
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Communications Corp	oration o	f Indiana					63630
I	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a	ify every nor	network televis	ion program, broadcast by				
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general inst	uctions in	the paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	etwork tele	vision program	
Program Log	broadcast by a distant sta	tion?					YES	×NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust comple	ete the progra	ım
	log in block 2.							
	2. LOG OF SUBSTITUTE		-	4. K		::		_
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ce, please a of every no distant stat gulations, o ies like "mo Bulls."	add additional i nnetwork telev ion and that yo r authorizations vies" or "baske	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen	program") th d for the prog eral instruction n titles, for ex	at, during t gramming ons for furtl	the accounting of another sta her informatio	g ation m.
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give	sign of the s adcast statio adian statio oth and day ve "5/7."	station broadca on's location (th ons, if any, the when your sys	sting the substitute progra the community to which the	im. station is lice station is ide program. Use	ntified). e numerals	s, with the mo	nth
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a er "R" if the and regulation ming that y	a program carri listed program ons in effect du	ed by a system from 6:01: was substituted for progra ring the accounting period	15 p.m. to 6: amming that y l; enter the le	28:30 p.m. your syster tter "P" if t	. should be m was <i>require</i> he listed prog	ed
	s	UBSTITUT	E PROGRAM			EN SUBST		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. FROM	TIMES — TO	DELETION
	N/A						_	
							_	
		<u>+</u>						
		+						
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		<u> </u>					_	
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Accounting Period:	2022/02	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Communications Corporation of Indiana	63630
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.	iission service
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 \$200 but less than or equal to \$200 but less 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	
	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	00)
	1. Base amount under statutory formula \$ 263,800.00	
	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 \$ 315,357.07	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	515.57
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>1,319.00</u> 0.00
	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	\$ 1,834.57
	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)	1,834.57
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	\$ 1,854.57
	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 m	

Accounting Period:	2022/02				FORM SA1-2E. PAGE 7.
Name		NER OF CABLE SYSTEM: Corporation of Indiana			SYSTEM ID# 63630
M Channels	to its subscribers, a 1. Enter the total n system carried t 2. Enter the total n on which the cal	and (2) the cable system's t umber of channels on which television broadcast stations umber of activated channel ble system carried television	otal num n the cab s s n broadc		19
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accourt		DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name N	Aitchell Maier		Telephone	(608) 886-8210
	(N	25 Junction Rd Jumber, street, rural route, apartm Jadison, WI 53593 Sity, town, state, zip)	ient, or sui	te number)	
	Email	Finance@tdsteleco	<u>m.com</u>	Fax (optional	
O Certification	I, the undersigned, (Owner of (Agent of In I X (Officer of In I X))	hereby certify that (Check on ther than corporation or pa fowner other than corporat line 1 of space B and that the or partner) I am an officer (if line 1 of space B. e statement of account and h and correct to the best of my	e, <i>but on</i> artnershi ion or pr owner is a corpor ereby de	tified and signed in accordance with Copyright Office regulations) <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable s is not a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as ow clare under penalty of law that all statements of fact contained herein ige, information, and belief, and are made in good faith.	B; or system as identified ner of the cable system
			Enter an	/s/ Sharon V. Tisdale electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed		Sharon V. Tisdale	
		(Titi Date:	e of official	Position held in corporation or partnership) February 17, 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 fling, a determination that would be made by a court of law.

ounting Period: 2022/02	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nmunications Corporation of Indiana	63630
 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 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO VES. Enter the total here and list the catallite carrier(a) helew	
YES. Enter the total here and list the satellite carrier(s) below.	
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.	Q
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