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

STATEMI	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form) actions are located of this workbook	2/23/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVE	ERED BY THIS STATEMENT: (YY	YY/(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 ow the subsidiary, not that of the par	ner of the cable system. If the owner is a subsid rent corporation.	liary of another corporation, give the full corp	orate title of
Owner	List any other name or names und	der which the owner conducts the business of th	e cable system.	
		ring the accounting period, only the owner on th fee payment covering the entire accounting per		bmit a single
	Check here if this is the system's f	irst filing. If not, enter the system's ID number a	ssigned by the Licensing Division.	63632
	LEGAL NAME OF OWNER/N	AILING ADDRESS OF CABLE SYSTEM		
	Grantland Telecom LLC			
	BUSINESS NAME(S) OF OWN	NER OF CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWN 525 Junction Road	IER OF CABLE SYSTEM		
	(Number, street, rural route, apartment, Madison, WI 53717	or suite number)		
	(City, town, state, zip)			
С		y business or trade names used to iden In line 2, give the mailing address of the		
System	IDENTIFICATION OF CABLE SYS	STEM:		
	TDS Telecom, Inc.	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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Grantland Telecom LLC	6363
D Area	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	y" is the same as a "community unit" as defined in FCC rules: "a unities within unincorporated areas and including single, discret ve as a form of system identification hereafter known as the "fir
Served	city.	
_	CITY OR TOWN	STATE
First Community	Fennimore	WI
Community	Bagley Bloomington	WI WI
dd Rows as Necessary	Patch Grove	WI
au nows as necessary		

								FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF C							515	6363
	Grantland Telecom LLC	;							0000
E Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting perior Number of Subscribers: Bott down by categories of secondar	space E should on of television bay cable) in sp d (June 30 or D h blocks in space	cover a and ra bace F, ecemb ce E ca	all categories of dio broadcasts not here. All the er 31, as the ca all for the number	secondar by your sy a facts you se may be ar of subse	ystem to subscri u state must be t e). cribers to the cal	bers. Give hose exis	information ting on the n, broken	
Rates	each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc	vice at the rate charged for eac l. (Example: "\$2 counts allowed	indicate h cateo 20/mth" for adv	ed—not the nur gory of service.). Summarize a ance payment.	nber of se Include bo ny standa	ts receiving serv oth the amount c rd rate variations	rice). If the char s within a	ge and the particular rate	
	Block 1: In the left-hand block systems most commonly provid that applies to your system. Not	e to their subso	ribers.	Give the numb	er of subs	cribers and rate	for each li	sted category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, to with the number of subscribers a sufficient.	able service to a once again und has rate catego tiers of services	additior er "Ser ories fo s that ir	nal sets would b vice to addition r secondary tra nclude one or m	e included al set(s)." nsmission ore secon	t in the count un service that are dary transmissio	der "Servi different ons), list th	ce to the from those nem, together	
	BL	OCK 1					BLOCI		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set		538	\$25/mo					
	Service to additional set(s) FM radio (if separate rate)								-
	Motel, hotel Commercial Converter		2	\$64/mo					
	Residential Non-residential		538	\$6/Mo.					
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, service for a single fee. There a furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscrit those services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg otion and includ	ber) info that are ns: you nished f usually he cabl stem fu je was f le the ra	ormation with re e not offered in a do not need to to nonsubscribe y billed. If any ra le system for ea rnished or offer made or establi	spect to a combinati give rate ers. Rate i ates are cl ach of the ed during	on with any seco information com nformation shou narged on a varia applicable servio the accounting p	ondary trai cerning (1 ld include able per-p ces listed. period tha	nsmission) services both the rogram basis, t were not e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res			UNILU		
	• Pay cable • Pay cable—add'l channel	\$8.00-\$15.00		otel, hotel mmercial		\$0 - \$50.00			
	 Fire protection Burglar protection 			y cable y cable-add'l ch	annel				
	Installation: Residential • First set • Additional set(s)	\$0-\$50.00 \$0-\$50.00	• Bu	e protection rglar protection services:					
	 Additional set(s) FM radio (if separate rate) Converter 	\$0-\$50.00	•Re	services: connect sconnect		\$0-\$25.00			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	Grantland Telecom I	LC		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he	entify every television station (including tr em during the accounting period, except (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 rules, regulations, or authorizations: re in space G—but do list it in space I (the	1) stations carried only on a part-tiu e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub	me basis under ams [sections tions carried on a ostitute program
	basis. For further informat Column 1: List each statio	also in space I, if the station was carried l 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-a	see page (v) of the general instructi ogram services such as HBO, ESP	ons. N, etc. Identify each
	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 locati	nel number the FCC assigned to the televi 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), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list the adian stations, if any, give the name of the	tation, an independent station, or a or network multicast), "I" (for indepe "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	wkow	27.1	N	Madison, WI
	WKOW-DT2	27.2	N-M	Madison, WI
d Rows as Necessary	WKOW-DT3	27.3	N-M	Madison, WI
	WKOW-DT4	27.4	N-M	Madison, WI
	WKOW-DT5	27.5	N-M	Madison, WI
	WISC	3.1	Ν	Madison, WI
	WISC-DT2	3.2	N-M	Madison, WI
	WISC-DT3	3.3	N-M	Madison, WI
		47.1	Ν	
	WMSN	47.1	N	Madison, WI
	WMSN WMSN-DT2	47.1	N-M	Madison, WI Madison, WI
	WMSN-DT2	47.2	N-M	Madison, WI
	WMSN-DT2 WMSN-DT3	47.2 47.3	N-M N-M	Madison, WI Madison, WI
	WMSN-DT2 WMSN-DT3 WMSN-DT4	47.2 47.3 47.4	N-M N-M N-M	Madison, WI Madison, WI Madison, WI
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV	47.2 47.3 47.4 15.1	N-M N-M N-M N	Madison, WI Madison, WI Madison, WI Madison, WI
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2	47.2 47.3 47.4 15.1 15.2	N-M N-M N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3	47.2 47.3 47.4 15.1 15.2 15.3	N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4	47.2 47.3 47.4 15.1 15.2 15.3 15.4	N-M N-M N-M N-M N-M N-M	Madison, WI
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5	47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5	N-M N-M N-M N-M N-M N-M N-M	Madison, WI
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6	47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6	N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA	47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6 21.1	N-M N-M N-M N-M N-M N-M N-M N-M E	Madison, WI
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA WHA-DT2	47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6 21.1 21.2	N-M N-M N-M N-M N-M N-M N-M N-M E E	Madison, WI Madison, WI

ounting Period:	2022/02			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Nume	Grantland Telecom LL	.C		6363
	PRIMARY TRANSMITTERS:	TELEVISION		
-	In General: In space G. ider	ntify every television station (including t	translator stations and low power televi	ision stations)
G			(1) stations carried only on a part-time	
	FCC rules and regulations ir	effect on June 24, 1981, permitting th	e carriage of certain network programs	s [sections
Primary			1(e)(2) and (4))]; and (2) certain station	s carried on a
ransmitters: Television		explained in the next paragraph.	arried by your cable system on a substi	tuto program
relevision		les, regulations, or authorizations:	arried by your cable system on a substi	lute program
			ne Special Statement and Program Log	g)—if the
	station was carried only on a	a substitute basis.		
			l both on a substitute basis and also on	
			see page (v) of the general instructions	
			rogram services such as HBO, ESPN,	-
	"WETA-2" as the same on the		e-air designation. For example, report r	multistream
			vision station for broadcasting over the	air in its community
		RC is channel 4 in Washington, D.C.		
			station, an independent station, or a no	ncommercial
	educational station, by enter	ing the letter "N" (for network), "N-M" (for network multicast), "I" (for independ	dent), "I-M"
			or "E-M" (for noncommercial educationa	
		ms, see page (iv) of the general instru-		
	Column 4: Give the location	of each station. For U.S. stations, list	ctions in the paper SA1-2 form. the community to which the station is line community with which the station is i	
	Column 4: Give the location	of each station. For U.S. stations, list	the community to which the station is li	
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is line community with which the station is i	identified.
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is line community with which the station is i	identified.
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is line community with which the station is i	identified.
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	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is line community with which the station is i	identified.
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	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is line community with which the station is i	identified.
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is line community with which the station is i	identified.
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is line community with which the station is i	identified.
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	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is line community with which the station is i	identified.
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is line community with which the station is i	identified.
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is line community with which the station is i	identified.
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is line community with which the station is i	identified.

EGAL NAME OF			I SI EM.					SYSTEM I 636
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	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 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 anter his point, see pag ed by the cable sy e station is licens	idend, and (2) nna, during ce e (v) of the ge vstem as a sep ed by the FCC	it can b rtain sta neral ins parate a	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	
		5,0	LOOATION OF STATION	UALL SIGN		50	LOOATION OF STATION	
1/A								
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Grantland Telecom LL	C						63632
I	SUBSTITUTE CARRIAGE	ify every nor	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regu	ations, or a	authorizations.	For a further
Substitute	explanation of the programm				e general insti	uctions in t	the paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	•	ir cable system	carry, on a substitute basi	is, any nonne	etwork tele	vision progra	
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust comple	ete the progra	ım
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	titute progra cee, please : of every no distant stat gulations, o ries like "mo Bulls." m was broad sign of the s adcast station hadian static onth and day we "5/7." es when the Example: a er "R" if the and regulation ming that y	am on a separa add additional i nnetwork telev ion and that yo or authorizations wies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N asting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") th d for the pro- eral instruction n titles, for ex- lo." station is lice station is lice program. Use cable system 15 p.m. to 6: amming that i; enter the le	at, during t gramming ons for furti cample, "I I ensed by ti ntified). e numerals i. List the t 28:30 p.m. your system tter "P" if ti	the accounting of another sta her informatic Love Lucy" or he FCC or, in s, with the mo imes accurate . should be m was <i>require</i> he listed prog	g ation on. onth ely ed
	effect on October 19, 1976					N SUBST		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
	N/A							
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Accounting Period:	2022/02 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID Grantland Telecom LLC 6363
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800 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. 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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 165,624.63
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 165,624.63
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 337.25
	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
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 337.25
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 \$ 357.25
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2022/02					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Grantland Telecom LLC					SYSTEM ID# 63632
M Channels	to its subscribers, and (2)	the cable system's of channels on which on broadcast station	total number of activate on the cable Is	d channels during the a		23
	on which the cable syst and nonbroadcast serv		on broadcast stations			154
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name Mitche	ell Maier			Telephone	(608) 886-8210
	(Number, s Madiso (City, town	nction Rd street, rural route, apart on, WI 53593 , state, zip)				
	Email	Finance@tdstelec	<u>om.com</u>		Fax (optional	
O Certification	(Agent of owner	certify that (Check o an corporation or p other than corpora	ne, <i>but only one</i> , of the b artnership) I am the own	oxes.) er of the cable system a n the duly authorized ag	Copyright Office regulations) as identified in line 1 of space I ent of the owner of the cable s	
	in line 1 of	space B. nent of account and rect to the best of m	hereby declare under pen	alty of law that all staten	ne legal entity identified as own nents of fact contained herein de in good faith.	ner of the cable system
			X /s/ Sharon	ure on the line above to o		
		Typed or printed				
		Title:	Assistant Treasu	-		
		Date:			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 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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Intland Telecom LLC	6363
 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? X NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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	Interest Assessmen
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