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	ACCO	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
		Asotin Telephone
		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		IDENTIFICATION OF CABLE SYSTEM:
-	1	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#
	Asotin Telephone	63859
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	Asotin	WA
Community		
d Rows as Necessary		

Accounting Period	1: 2022/02							FORM SA1	-2E. PAGE 2
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID#
Name	Asotin Telephone								63859
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period Number of Subscribers: Bott down by categories of secondar 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 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 cat first set" and would be counted of	pace E should on of television bay cable) in sp d (June 30 or E n blocks in spa y transmission umber of billing rice at the rate charged for ead ((Example: "\$) counts allowed in space E, the to their subsc e: Where an in should be coun able service to once again unc	cover a and rac pace F, 1 becembe ce E cal service. gs in tha indicate ch categ 20/mth") for adva e form lic ribers. (dividual nted as addition ler "Serv	all categories of dio broadcasts not here. All the er 31, as the ca ll for the number . In general, you at category (the d—not the nur ory of service.). Summarize a ance payment. ists the catego Give the numb or organizatio a subscriber in al sets would b vice to addition	secondar by your sy e facts you se may be er of subso u can com number of second number of second number of second ny standa ries of second er of subso n is receiv each app e includeo al set(s)."	system to subscr a state must be a). Tribers to the ca apute the numb f persons or org the receiving ser oth the amount of rd rate variation ondary transmi cribers and rate ing service that licable category I in the count ur	ibers. Give those exis ble system er of subso ganizations vice). of the char s within a ssion serv for each li falls unde v. Example nder "Servi	e information ating on the n, broken cribers in s charged rge and the particular rate ice that cable isted category r different e: a residential ice to the	
	Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	tiers of services and rates, in th	s that in	clude one or m	ore secon	dary transmissi	ons), list the	nem, together service is	
		OCK 1 NO. OF					BLOCI	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential: • Service to first set		22	\$25/mo					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		22	\$6/Mo.					
	Non-residential								
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, i service for a single fee. There a furnished at cost or (2) services amount of the charge and the ur 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 subscril those services re two exceptic or facilities fur hit in which it is rate column. te charged by t t your cable sy separate charg	ber) info that are ons: you nished to usually the cable stem fur ge was n de the ra	rmation with re e not offered in do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to a combination give rate ers. Rate in ates are ch ach of the ed during	on with any sec information con nformation shou narged on a var applicable servi the accounting	ondary tra icerning (1 ild include iable per-p ces listed. period tha	nsmission) services both the program basis, t were not	
	CATEGORY OF SERVICE	RATE	1	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res			0,1120		
	• Pay cable	\$8.00-\$15.00	• Mot	tel, hotel					
	Pay cable—add'l channel		-	mmercial		\$0 - \$50.00			
	Fire protection			/ cable					
	•Burglar protection		-	/ cable-add'l ch	annel				
	Installation: Residential	¢0, ¢50,00		e protection					
	First set Additional set(s)	\$0-\$50.00 \$0-\$50.00		glar protection services:					
	 Additional set(s) FM radio (if separate rate) 	φ υ- φ30.00		connect		\$0-\$25.00			
	Converter			connect					
				tlet relocation		19.98-39.96			
				ve to new addr	ess				

Nomo	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE
Name	Asotin Telephone			6
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: 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 chann 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	also in space I, if the station was carried b ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a) stations carried only on a part-ti carriage of certain network progra e)(2) and (4))]; and (2) certain sta ied by your cable system on a sul Special Statement and Program both on a substitute basis and also ee page (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repo- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep 'E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station	ime basis under rams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream 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
	KAYU	28.1	3. TYPE OF STATION N N-M	Spokane, WA
Rows as Necessarv		28.1 28.2	N	Spokane, WA Spokane, WA
Rows as Necessary	KAYU KAYU-DT2	28.1	N N-M	Spokane, WA Spokane, WA Coeur d'Alene, ID
Rows as Necessary	KAYU KAYU-DT2 KCDT	28.1 28.2 26.1 26.2	N N-M E	Spokane, WA Spokane, WA Coeur d'Alene, ID Coeur d'Alene, ID
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2	28.1 28.2 26.1 26.2 26.3	N N-M E E-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID
tows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3	28.1 28.2 26.1 26.2	N N-M E E-M E-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5	28.1 28.2 26.1 26.2 26.3 26.4 26.5	N N-M E E-M E-M E-M E-M	Spokane, WA Spokane, WA Coeur d'Alene, ID
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ	28.1 28.2 26.1 26.2 26.3 26.4	N N-M E E-M E-M E-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2	N N-M E E-M E-M E-M E-M N N-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA Spokane, WA Spokane, WA Spokane, WA
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1	N N-M E E-M E-M E-M E-M N	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2 2.1	N N-M E E-M E-M E-M E-M N N-M N-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA Spokane, WA Spokane, WA Spokane, WA
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2 2.1 2.2	N N-M E E-M E-M E-M E-M N N-M N-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2 2.1 2.2 2.3	N N-M E E-M E-M E-M E-M N N N-M N-M N-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2 2.1 2.2 2.3 2.6	N N-M E E-M E-M E-M E-M N N-M N-M N-M N-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6 KXLY	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2 2.1 2.2 2.3 2.6 4.1	N N-M E E-M E-M E-M E-M N N N-M N-M N-M N-M N-M N-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT3 KREM-DT6 KXLY KXLY-DT2	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2 2.1 2.2 2.3 2.6 4.1 4.2	N N-M E E-M E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6 KXLY KXLY-DT2 KXLY-DT3	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2 2.1 2.2 2.3 2.6 4.1 4.2 4.3	N N-M E E-M E-M E-M E-M N N N-M N-M N-M N-M N-M N-M N-M N-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6 KXLY-DT3 KXLY-DT3 KXLY-DT4	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2 2.1 2.2 2.3 2.6 4.1 4.2 4.3 4.4	N N-M E E-M E-M E-M N N N-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA S
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6 KXLY- KXLY-DT2 KXLY-DT4 KXLY-DT4 KXLY-DT5	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2 2.1 2.2 2.3 2.6 4.1 4.2 4.3 4.4 4.5	N N-M E E-M E-M E-M E-M N N N-M N-M N-M N-M N-M N-M N-M N-M N	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA S
Rows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6 KXLY-DT3 KXLY-DT4 KXLY-DT5 KSPS	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2 2.1 2.2 2.3 2.6 4.1 4.2 4.3 4.4 4.5 7.1	N N-M E E-M E-M E-M E-M N M N-M N-M N-M N-M N-M N-M N-M N-M N	Spokane, WA Spokane, WA Coeur d'Alene, ID Spokane, WA S

ounting Period:	2022/02				PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE	
	Asotin Telephone				6385
	PRIMARY TRANSMITTERS:	TELEVISION			
•	In General: In space G, ider	ntify every television station (including	translator stations and low power televi	ision stations)	
G	carried by your cable system	during the accounting period, except	(1) stations carried only on a part-time	basis under	
			ne carriage of certain network programs		
Primary			1(e)(2) and (4))]; and (2) certain station	ns carried on a	
ransmitters: Television		explained in the next paragraph. With respect to any distant stations ca	arried by your cable system on a substi	itute program	
		les, regulations, or authorizations:		F 3	
			he Special Statement and Program Log	g)—if the	
	station was carried only on a				
			d both on a substitute basis and also or see page (v) of the general instruction		
			brogram services such as HBO, ESPN,		
			e-air designation. For example, report r		
	"WETA-2" as the same on th	5			
		-	evision station for broadcasting over the	e air in its community	
		RC is channel 4 in Washington, D.C.	station, an independent station, or a no	proommorpial	
			(for network multicast), "I" (for independent		
	Eulorial Station, by Enter		ior network multicast, i (for muchent	Jenit, i-ivi	
	(for independent multicast).		or "E-M" (for noncommercial education	al multicast).	
			or "E-M" (for noncommercial educational ictions in the paper SA1-2 form.	al multicast).	
	For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), o ms, see page (iv) of the general instru- n of each station. For U.S. stations, list		licensed by the	
	For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), o ms, see page (iv) of the general instru- n of each station. For U.S. stations, list	uctions in the paper SA1-2 form. the community to which the station is I	licensed by the	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list ian stations, if any, give the name of th	actions in the paper SA1-2 form. The community to which the station is I the community with which the station is	licensed by the identified.	

Asotin Telep	OWNER OF O	JABLE S'	YSTEM:					SYSTEM I 638
	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 r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to irmation about m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e the static ion's sign g 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. hal 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 anter his point, see pag ed by the cable sy e station is licens	dend, and (2) nna, during ce e (v) of the ge estem 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	
J/A								
<u></u>								
				·				

Accounting Perio	d: 2022/02						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Asotin Telephone							63859
I	SUBSTITUTE CARRIAGE	ify every nor accounting pe	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 Carriage:	explanation of the programm				e general insti	uctions in 1	the paper SA1	-2 form.
Special	1. SPECIAL STATEMENT							
Statement and	During the accounting per		ir cable system	carry, on a substitute basi	is, any nonne	etwork tele	v	
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	m
	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 broa 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."	titute progra ace, please ; of every no distant stat egulations, o ries like "mo Bulls." m was broad sign of the adcast station hadian station th and day ve "5/7." es when the Example: a er "R" if the and regulation ming that y	im on a separa add additional i nnetwork telev ion and that yo r authorizations vies" 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 isting the substitute progra ie 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 prog eral instruction n titles, for ex- lo." station is lice station is lice program. Use cable system 15 p.m. to 6: amming that the le	at, during t gramming ons for furth cample, "I I ensed by th ntified). e numerals i. List the t 28:30 p.m. your systen tter "P" if th	the accounting of another sta her informatio 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 n. nth aly
								7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCO 6. FROM	TIMES — TO	DELETION
	N/A							
		+						
		+					_	
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		+	+					
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Accounting Period:	2022/02	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S١	STEM ID#
Name	Asotin Telephone		63859
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entransmi (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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	5,091.32 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 \$137,100 but less than \$527,600 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 LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	nis 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 \$137,10	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)	<u> </u>	
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		1 319 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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		<u> </u>
	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 mo		

Accounting Period:	2022/02					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Asotin Telephone	CABLE SYSTEM:				SYSTEM ID# 63859
M Channels	 to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system 	the cable system's to of channels on which n broadcast stations of activated channels em carried television	total num h the cab s ls n broadca			22 153
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			DRMATION IS NEEDED (Identify an individual to who	m	
for Further Information	Name Mitche	ll Maier			Telephone	(608) 886-8210
	(Number, si	nction Rd Irreet, rural route, apartmo on, WI 53593 state, zip) Finance@tdstelecon				
O Certification	I, the undersigned, hereby of (Owner other that (Agent of owner or in line 1 of X) (Officer or partn in line 1 of . I have examined the statem	ertify that (Check one n corporation or par other than corporati space B and that the er) I am an officer (if space B. ent of account and he rect to the best of my	artnershi artnershi tion or pr e owner is f a corpor nereby de	tified and signed in accordance with Copyright Office <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line artnership) I am the duly authorized agent of the owner a not a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity ide clare under penalty of law that all statements of fact cont lge, information, and belief, and are made in good faith.	e 1 of space B of the cable sy entified as own	rstem as identified
			Enter an e Enter sigr	/s/ Sharon V. Tisdale electronic signature on the line above to certify this statem nature using an "/s/ signature" (e.g., /s/ John Smith) Sharon V. Tisdale	ient.	
				ant Treasurer position held in corporation or partnership)		
		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 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.

bunting Period: 2022/02	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IE
otin Telephone	6385
 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 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.	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	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Lander La
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer

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