This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

| FOR COPYRIGHT OFFICE USE ONLY | | | | | | |
|-------------------------------|-------------------|--|--|--|--|--|
| DATE RECEIVED | AMOUNT | | | | | |
| 2/23/2023 | \$ | | | | | |
| | ALLOCATION NUMBER | | | | | |
| | | | | | | |

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

| A | |
|------------|---|
| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
| | |
| | |
| | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| | |
| | |
| | 20222 Barcode Data Filing Period (optional - see instructions) |
| Accounting | |
| Period | |
| | |
| | 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 |
| В | 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 have if this is the system's first filling. If not anter the system's ID number assigned by the Licensing Division |
| | 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 |
| | |
| | Midway Telephone Company, LLC |
| | 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 | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these |
| | names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | IDENTIFICATION OF CABLE SYSTEM: |
| | TDS Telecom, Inc. |
| | MAILING ADDRESS OF CABLE SYSTEM: |
| | |
| | 2 (Number, street, rural route, apartment, or suite number) |
| | 1/00 |
| 1 | (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 suffciency of the fling, a determination that would be made by a court of law.

| Accounting Period: | 2022/02 | |
|-----------------------|--|---|
| necounting remou. | 2012/01 | FORM SA1-2E. PAGE 1b. |
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| | Midway Telephone Company, LLC | 63862 |
| Area Served | Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will such community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile city. | munities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first |
| | CITY OR TOWN | STATE |
| First | Medford | WI |
| Community | | |
| Add Rows as Necessary | | |
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Accounting Period: 2022/02

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midway Telephone Company, LLC

SYSTEM ID# 63862

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BL | OCK 1 | | BLOCK 2 | | | |
|-------------------------------|-------------|---------|---------------------|-------------|------|--|
| | NO. OF | | | NO. OF | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | RATE | CATEGORY OF SERVICE | SUBSCRIBERS | RATE | |
| Residential: | | | | | | |
| Service to first set | 318 | \$25/mo | | | | |
| Service to additional set(s) | | | | | | |
| • FM radio (if separate rate) | | | | | | |
| Motel, hotel | | | | | | |
| Commercial | 4 | \$64/mo | | | | |
| Converter | | | | | | |
| Residential | 318 | \$6/Mo. | | | | |
| Non-residential | | | | | | |
| | | T | | | T1 | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

| | BLOCK 2 | | | | |
|---|----------------|-------------------------------|---------------|---------------------|------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | |
| Pay cable | \$8.00-\$15.00 | Motel, hotel | | | |
| Pay cable—add'l channel | | Commercial | \$0 - \$50.00 | | |
| Fire protection | | Pay cable | | | |
| •Burglar protection | | Pay cable-add'l channel | | | |
| Installation: Residential | | Fire protection | | | |
| • First set | \$0-\$50.00 | Burglar protection | | | |
| Additional set(s) | \$0-\$50.00 | Other services: | | | |
| • FM radio (if separate rate) | | Reconnect | \$0-\$25.00 | | |
| Converter | | Disconnect | | | |
| | | Outlet relocation | 19.98-39.96 | | |
| | | Move to new address | | | |
| | | | | | |

Accounting Period: 2022/02 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63862

Midway Telephone Company, LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
|--------------|--------------------------|--------------------|------------------------|
| WAOW | 9.1 | N | Wausau, WI |
| WAOW-DT2 | 9.2 | N-M | Wausau, WI |
| WAOW-DT3 | 9.3 | N-M | Wausau, WI |
| WAOW-DT4 | 9.4 | N-M | Wausau, WI |
| WAOW-DT5 | 9.5 | N-M | Wausau, WI |
| WHRM | 20.1 | E | Wausau, WI |
| WHRM-DT2 | 20.2 | E-M | Wausau, WI |
| WHRM-DT3 | 20.3 | E-M | Wausau, WI |
| WHRM-DT4 | 20.4 | E-M | Wausau, WI |
| WSAW | 7.1 | N | Wausau, WI |
| WSAW-DT2 | 7.2 | N-M | Wausau, WI |
| WSAW-DT3 | 7.3 | N-M | Wausau, WI |
| WSAW-DT4 | 7.4 | N-M | Wausau, WI |
| WSAW-DT5 | 7.5 | N-M | Wausau, WI |
| WSAW-DT6 | 7.6 | N-M | Wausau, WI |
| WTPX | 46.1 | l I | Antigo, WI |
| WJFW | 12.1 | N | Rhinelander, WI |
| WJFW-DT2 | 12.2 | N-M | Rhinelander, WI |
| WJFW-DT3 | 12.3 | N-M | Rhinelander, WI |
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| Accounting Period: | 2022/02 | | | FORM SA1-2E. PAGE 3 |
|--|---|--|--|---|
| | LEGAL NAME OF OWNER O | F CABLE SYSTEM: | | SYSTEM ID# |
| Name | Midway Telephone C | ompany, LLC | | 63862 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| Primary Transmitters: Television | In General: In space G, idcarried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the channof license. For example, W Column 3: Indicate in eacleducational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location | entify every television station (including m during the accounting period, except in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. S: With respect to any distant stations caules, regulations, or authorizations: e in space G—but do list it in space I (the assubstitute basis. also in space I, if the station was carried on concerning substitute basis stations, in's call sign. Do not report origination pd with a station according to its over-the | (1) stations carried only on a part-time the carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute are Special Statement and Program Logist both on a substitute basis and also on see page (v) of the general instructions rogram services such as HBO, ESPN, -air designation. For example, report no existence of the station, an independent station, or a not for network multicast), "I" (for independent "E-M" (for noncommercial educational ctions in the paper SA1-2 form. | basis under s [sections s carried on a sute program)—if the some other s. etc. Identify each nultistream air in its community ncommercial lent), "I-M" all multicast). censed by the |
| | | | | |
| | | | | |

SYSTEM ID#

Midway Telephone Company, LLC

63862

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | 1 | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
|-----------|-----------------|-----|-----------------------|---|-------------|----------------|--------------|-------------------------|
| | 7 (IV) OI 1 IVI | 5/5 | 200/11/01/01/01/11/01 | 1 | 37 LL 01014 | , 1141 OI 1 WI | 3,0 | 200,111011 01 01/111011 |
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| Accounting Perio | | | | | | | FOR | RM SA1-2E. PAGE 5. | | | | |
|----------------------|---|---|---|--|---|--|--|---|--|--|--|--|
| | LEGAL NAME OF OWNER OF | CABLE SYST | EM: | | | | 101 | SYSTEM ID# | | | | |
| Name | Midway Telephone Co | mpany, LI | _C | | | | | 63862 | | | | |
| | SUBSTITUTE CARRIAGE | E: SPECIAI | L STATEMEN | T AND PROGRAM LOG | | | | | | | | |
| l | In General: In space I, ident substitute basis during the a | ccounting pe | eriod, under spe | ecific present and former FC | C rules, regula | ations, or | authorizations | . For a further | | | | |
| Substitute | explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE | | | | | | | | | | | |
| Carriage: Special | 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program | | | | | | | | | | | |
| Statement and | | | r cable system | carry, on a substitute basi | s, any nonne | twork tele | evision progra | | | | | |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | X NO | | | | |
| | Note: If your answer is "No | ", leave the | rest of this pag | ge blank. If your answer is ' | "Yes," you mu | ust compl | ete the progra | am | | | | |
| | log in block 2. 2. LOG OF SUBSTITUTE | DDUCDVI | MS | | | | | | | | | |
| | period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the molfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." | ace, please a of every not distant statisegulations, ories like "mo Bulls." m was broad sign of the sadcast stationath and day we "5/7." es when the Example: a ler "R" if the and regulation ming that y | add additional network televion and that your authorization vies" or "basked cast live, enter station broadca on's location (thins, if any, the when your system on program carrillisted program ons in effect du | rows to the tables. ision program ("substitute our cable system substitute our cable system substitute out cable system substitute of the general stable." List specific program or "Yes." Otherwise enter "Nasting the substitute program of the community to which the community with which the tem carried the substitute of the gram was carried by your of the deby a system from 6:01: was substituted for programing the accounting period | program") that d for the program instruction titles, for exito." m. station is lice station is ider program. Use cable system 15 p.m. to 6:2 mming that y; enter the let | ensed by the number of the num | the accounting of another state of anoth | ng ation on. r onth eely | | | | |
| | WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7 | | | | | | | | | | | |
| | S | SUBSTITUT | E PROGRAM | | | | | 7. REASON FOR | | | | |
| | 1. TITLE OF PROGRAM | SUBSTITUT 2. LIVE? Yes or No | E PROGRAM 3. STATION'S CALL SIGN | | | AGE OC | | 7. REASON FOR DELETION | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
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| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OC 6. | CURRED TIMES | | | | | |

| Accounting Period: | 2022/02 | FORM SA | A1-2E. PAGE 6. |
|------------------------------------|--|------------------------------|---------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | S | YSTEM ID# |
| Name | Midway Telephone Company, LLC | | 63862 |
| 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 | 2,426.56 pss receipts) |
| | AGBYRIGHT ROYALTY FFF | | |
| 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 the 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 \$137,1 | | |
| | | - | |
| | Base amount under statutory formula | | |
| | 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) | |
| | | | |
| | 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 | | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | 1,319.00 | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| | 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 # | | |
| | <u>Important:</u> 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 | | |

| Accounting Period: | 2022/02 | | | | FORM SA1-2E. PAGE 7. |
|------------------------------------|---|---|---|--------------------------------------|----------------------|
| Name | | OWNER OF CABLE SYSTEM: none Company, LLC | | | SYSTEM ID# 63862 |
| M Channels | to its subscriber The subscriber The subscriber The subscriber Subscriber the total Subscriber the subscriber | rs, and (2) the cable system's all number of channels on whice the television broadcast station all number of activated channels. | s | nting period. | 19 |
| | | cable system carried television dcast services | | | 153 |
| N Individual to Be Contacted | | BE CONTACTED IF FURT about this statement of accou | HER INFORMATION IS NEEDED (Identify an individunt.) | Jal to whom | |
| for Further Information | Name | Mitchell Maier | | Telephone (608) 8 | 386-8210 |
| | Address | 525 Junction Rd (Number, street, rural route, apart | nent, or suite number) | | |
| | | Madison, WI 53593 (City, town, state, zip) | | | |
| | Email | Finance@tdstelec | <u>m.com</u> Fa | ax (optional | |
| 0 | CERTIFICATION | (This statement of account m | ust be certified and signed in accordance with Copyri | ght Office regulations) | |
| Certification | • I, the undersigne | ed, hereby certify that (Check o | ne, but only one, of the boxes.) | | |
| | (Owne | r other than corporation or p | artnership) I am the owner of the cable system as iden | ntified in line 1 of space B; or | |
| | (Agent | | tion or partnership) I am the duly authorized agent of e owner is not a corporation or partnership; or | the owner of the cable system as | identified |
| | X (Office | er or partner) I am an officer (in line 1 of space B. | f a corporation) or a partner (if a partnership) of the lega | al entity identified as owner of the | cable system |
| | | te, and correct to the best of m | nereby declare under penalty of law that all statements of knowledge, information, and belief, and are made in g | | |
| | | | X /s/ Sharon V. Tisdale Enter an electronic signature on the line above to certify Enter signature using an "/s/ signature" (e.g., /s/ John Sr | | |
| | | Typed or printed | name: Sharon V. Tisdale | | |
| | | Title: | Assistant Treasurer le of official position held in corporation or partnership) | | |
| | | Date: | Feb | bruary 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.

| counting Period: 2022/02 | FORM SA1-2E. PAGE 8. |
|---|---|
| GAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| dway Telephone Company, LLC | 63862 |
| 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not into scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. 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 transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below | basic clude sub- n 119." Special Statement Concerning Gross Receipts Exclusion |
| 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 under For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- | |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| | |
| * | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| x | days |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | <u>-</u> |
| x 0.00 | 0274 |
| 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 | charge) |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. | ce please |
| ** 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 Offic list below the owner, address, first community served, ID number, and accounting period as given in the original | • |
| Owner | |
| Address | |
| | |
| ID number First community served | |
| i ii st community serveu | |

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