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

| STATEM | ENT OF ACCOUNT | FOR COPYRIG | HT OFFICE USE ONLY | Return completed workbook by email to: |
|----------------------|--|--|--|---|
| for Second | ary Transmissions by | DATE RECEIVED | AMOUNT | - |
| Cable Syst | ems (Short Form) | | \$ | For additional information, |
| General instr | uctions are located | 2/23/2023 | | contact the U.S. Copyright Office Licensing Division at: |
| in the first tak | o of this workbook | 2/23/2023 | ALLOCATION NUMBER | Tel: (202) 707-8150 |
| | | | | |
| | | | | |
| Α | ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (YY | YY/(Period)) | |
| | | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| | 2022/02 | | renou z – July i - December Ji | |
| | 2022 | 2 Barcode Data Filing Period (optional | - see instructions) | |
| Accounting Period | | | | |
| | Instructions: | | | |
| В | Give the full legal name of the owner of t the subsidiary, not that of the parent cor | | liary of another corporation, give the full corp | orate title of |
| Owner | List any other name or names under which | ch the owner conducts the business of th | e cable system. | |
| | If there were different owners during the statement of account and royalty fee pay | | ne last day of the accounting period should su iod. | bmit a single |
| | Check here if this is the system's first filir | ng. If not, enter the system's ID number a | ssigned by the Licensing Division. | 63879 |
| | LEGAL NAME OF OWNER/MAILIN | G ADDRESS OF CABLE SYSTEM | | |
| | Home Waldron Telephone | | | |
| | BUSINESS NAME(S) OF OWNER O | F 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 busi names already appear in space B. In line | | | |
| System | IDENTIFICATION OF CABLE SYSTEM: | | | |
| | 1 TDS Telecom, Inc. | | | |
| | MAILING ADDRESS OF CABLE SYSTE | И: | | |
| | 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# |
|-------------------|--|--|
| | Home Waldron Telephone | 63879 |
| D | Instructions: List each separate community served by the cable system. A "cor separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m | d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first |
| Area Served | city. | |
| | CITY OR TOWN | STATE |
| First | Waldron | IN |
| Community | | |
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| Rows as Necessary | | |
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| Name | LEGAL NAME OF OWNER OF C | | | | | | | SYS | TEM ID 6387 |
| | Home Waldron Telepho | ne | | | | | | | 0301 |
| 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: Bot 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 disd Block 1: In the left-hand block systems most commonly provid that applies to your system. Not categories, that person or entity | space E should on of television bay cable) in sp d (June 30 or D h blocks in spar y transmission number of billing vice at the rate charged for eac I. (Example: "\$2 counts allowed k in space E, th e to their subsc e: Where an in | cover all c and radio bace F, not ecember 3 ce E call fo service. In gs in that ca indicated— h category 20/mth"). So for advance e form lists rribers. Give dividual or | ategories of se broadcasts by here. All the fa 1, as the case r the number of general, you of ategory (the nu- not the number of service. Ind ummarize any e payment. the categorie e the number organization is | econdar your sy acts you may be of subsc can com umber o er of set clude bo standar s of sec of subsc s receivi | state no subscri a state must be b). There is to the ca pute the number f persons or org s receiving service th the amount of rd rate variation ondary transmis cribers and rate ing service that | bers. Give those exist ble system er of subsc ganizations vice). of the charg s within a p ssion servi for each lia falls under | information ting on the ribers in charged ge and the particular rate ce that cable sted category different | |
| | subscriber who pays extra for ca first set" and would be counted a Block 2: If your cable system printed in block 1 (for example, i with the number of subscribers a sufficient. | able service to once again und has rate catego tiers of services | additional s er "Service ories for se s that inclue | ets would be i to additional s condary trans de one or more | ncluded set(s)." mission e second | l in the count un service that are dary transmissio | ider "Servi e different f ons), list th | ce to the from those lem, together | |
| | | OCK 1 | | | | | BLOCK | (2 | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBI | | RATE | CATE | EGORY OF SEF | | NO. OF SUBSCRIBERS | RATE |
| | Residential: | SUBSCRIBE | | NATE | CATE | LOOKT OF SET | VICE | SUBSCRIBERS | DA1 |
| | Service to first set | | 71 | \$25/mo | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | | | | | | | |
| | Converter | | 74 | ¢0/04 - | | | | | |
| | Residential | | 71 | \$6/Mo. | | | | | |
| | Non-residential | | | | | | | | |
| F Services Other Than Secondary Transmissions: Rates | SERVICES OTHER THAN SEC In General: Space F calls for ran 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 ran Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description | te (not subscrit those services re two exceptio or facilities furi nit in which it is rate column. te charged by t t your cable sy separate chargo otion and includ | ber) informa that are no ns: you do nished to n usually bill he cable sy stem furnis te was mad le the rate t | ation with resp t offered in co not need to gi onsubscribers ed. If any rate vstem for each hed or offered le or establish | mbinatic ve rate i . Rate ir s are ch of the a during t | on with any seco information con nformation shou parged on a vari applicable servi the accounting | ondary trar cerning (1) Id include able per-p ces listed. period that | nsmission) services both the rogram basis, were not | |
| | | BLO | | | | | 1 | 2200112 | |
| | CATEGORY OF SERVICE | BLO RATE | | RY OF SERVIO | CE | RATE | CATEG | ORY OF SERVICE | RAT |
| | CATEGORY OF SERVICE Continuing Services: | | CATEGOF | RY OF SERVIO | | RATE | CATEG | ORY OF SERVICE | RAT |
| | Continuing Services: • Pay cable | | CATEGOF Installatio • Motel, | n: Non-reside | | | CATEG | ORY OF SERVICE | RAT |
| | Continuing Services: • Pay cable • Pay cable—add'l channel | RATE | CATEGOF Installatio • Motel, • Comm | n: Non-reside hotel ercial | | RATE \$0 - \$50.00 | CATEG | ORY OF SERVICE | RAT |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection | RATE | CATEGOF Installatio • Motel, • Comm • Pay ca | n: Non-reside hotel ercial ble | ential | | CATEG | ORY OF SERVICE | RAT |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection | RATE | CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca | n: Non-reside hotel ercial ble ble-add'l char | ential | | CATEG | ORY OF SERVICE | RAT |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential | RATE \$8.00-\$15.00 | CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr | n: Non-reside hotel ercial ble ble-add'l char otection | ential | | CATEG | DRY OF SERVICE | RAT |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set | RATE \$8.00-\$15.00 \$0-\$50.00 | CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla | n: Non-reside hotel ercial ble ble-add'l char otection r protection | ential | | CATEG | DRY OF SERVICE | RAT |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | RATE \$8.00-\$15.00 | CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr | n: Non-reside hotel ercial ble ble-add'l char otection r protection vices : | ential | | CATEG | DRY OF SERVICE | RAT |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set | RATE \$8.00-\$15.00 \$0-\$50.00 | CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser | n: Non-reside hotel ercial ble ble-add'l char otection r protection vices: nect | ential | \$0 - \$50.00 | CATEG | DRY OF SERVICE | RAT |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | RATE \$8.00-\$15.00 \$0-\$50.00 | CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor | n: Non-reside hotel ercial ble ble-add'l char otection r protection vices: nect | ential | \$0 - \$50.00 | CATEG | DRY OF SERVICE | RAT |

| | LEGAL NAME OF OWNER O | OF CABLE SYSTEM: | | SYSTEM |
|---|---|---|---|--|
| Name | Home Waldron Teler | | | 63 |
| | PRIMARY TRANSMITTERS: | | | |
| G Primary Transmitters: Television | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.610 substitute program basis, a Substitute Basis Station basis under specific FCC f • 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, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location | also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination pi ed with a station according to its over-the the form. The number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network se ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list | (1) stations carried only on a part-tii e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepur r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station | me basis under ams [sections tions carried on a ostitute program _og)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the |
| | FCC. For Mexican or Cana | adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER | e community with which the station 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | WRTV | 6.1 | N | Indianapolis, IN |
| | WRTV-DT2 | 6.2 | N-M | Indianapolis, IN |
| d Rows as Necessary | WRTV-DT3 | 6.3 | N-M | Indianapolis, IN |
| , | WTTK | 29.1 | N | Kokomo, IN |
| | WTTK-DT2 | 29.2 | N-M | Kokomo, IN |
| | WTTK-DT3 | 29.3 | N-M | Kokomo, IN |
| | WXIN | 59.1 | N | Indianapolis, IN |
| | | | | |
| | | 59.2 | | |
| | WXIN-DT2 | 59.2 59.3 | N-M | Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 | 59.3 | N-M N-M | Indianapolis, IN Indianapolis, IN |
| | WXIN-DT2 | 59.3 59.4 | N-M | Indianapolis, IN Indianapolis, IN Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 WXIN-DT4 WTHR | 59.3 59.4 13.1 | N-M N-M N-M N | Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 WXIN-DT4 | 59.3 59.4 | N-M N-M N-M | Indianapolis, IN Indianapolis, IN Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 WXIN-DT4 WTHR WTHR-DT2 | 59.3 59.4 13.1 13.2 | N-M N-M N-M N N-M | Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 WXIN-DT4 WTHR WTHR-DT2 WTHR-DT3 | 59.3 59.4 13.1 13.2 13.3 | N-M N-M N-M N-M N-M N-M | Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 WXIN-DT4 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 | 59.3 59.4 13.1 13.2 13.3 13.5 | N-M N-M N-M N-M N-M N-M N-M | Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 WXIN-DT4 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 | 59.3 59.4 13.1 13.2 13.3 13.5 13.6 | N-M N-M N-M N-M N-M N-M N-M N-M | Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 WXIN-DT4 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 WFYI | 59.3 59.4 13.1 13.2 13.3 13.5 13.6 20.1 | N-M N-M N-M N-M N-M N-M N-M E | Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 WXIN-DT4 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 WFYI WFYI-DT2 | 59.3 59.4 13.1 13.2 13.3 13.5 13.6 20.1 20.2 | N-M N-M N-M N-M N-M N-M N-M E E | Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 WXIN-DT4 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 WFYI WFYI-DT2 WDTI | 59.3 59.4 13.1 13.2 13.3 13.5 13.6 20.1 20.2 69.1 | N-M N-M N-M N-M N-M N-M N-M E E E-M I | Indianapolis, IN Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 WXIN-DT4 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 WFYI WFYI-DT2 WDTI | 59.3 59.4 13.1 13.2 13.3 13.5 13.6 20.1 20.2 69.1 | N-M N-M N-M N-M N-M N-M N-M E E E-M I | Indianapolis, IN Indianapolis, IN |
| | WXIN-DT2 WXIN-DT3 WXIN-DT4 WTHR WTHR-DT2 WTHR-DT3 WTHR-DT5 WTHR-DT6 WFYI WFYI-DT2 WDTI | 59.3 59.4 13.1 13.2 13.3 13.5 13.6 20.1 20.2 69.1 | N-M N-M N-M N-M N-M N-M N-M E E E-M I | Indianapolis, IN Indianapolis, IN |

| counting Period: | 2022/02 | | | FORM SA1-2E. PAGE |
|----------------------------|-------------------------------|--|--|------------------------|
| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID |
| | Home Waldron Teleph | none | | 6387 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| - | In General: In space G, ider | ntify every television station (including | translator stations and low power telev | vision stations) |
| G | | | (1) stations carried only on a part-time | , |
| _ | | o | ne carriage of certain network program | |
| Primary | | | 1(e)(2) and (4))]; and (2) certain station | |
| 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: in space G—but do list it in space I (th | ne Special Statement and Program Log | a)—if the |
| | station was carried only on a | | lo opeolar etatement and r regram zeg | 9) 11 11 0 |
| | | | d both on a substitute basis and also or | n some other |
| | | | see page (v) of the general instruction | |
| | Column 1: List each station | 's call sign. Do not report origination p | program services such as HBO, ESPN, | , etc. Identify each |
| | multicast stream associated | with a station according to its over-the | e-air designation. For example, report | multistream |
| | "WETA-2" as the same on the | | | |
| | | 6 | vision 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 | |
| | | | - | |
| | | | for network multicast), "I" (for independ or "E-M" (for noncommercial education | |
| | | ms, see page (iv) of the general instru | | ai municasi). |
| | | | the community to which the station is l | licensed by the |
| | | | ne community with which the station is | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| LEGAL NAME OF Home Waldr | | | I GI EIWI. | | | | | SYSTEM I 638 |
|---|--|--|---|--|--|------------------------------------|--|----------------------------------|
| | every radio s | tation ca | arried on a separate and discre nerally receivable by your cable | | | | ied on an | н |
| eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G | it is carried by nonitoring, to rmation about m. entify the call tate whether t the radio stati his by placing ive the statior | the sys be recei t the Co sign of e he static ion's sign a check n's locati | I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy 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 is 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 | 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 | |
| N/A | | 5,0 | | C. LE CION | ,, or 1 W | 5,5 | | |
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| Accounting Peric | | | | | | FC | RM SA1-2E. PAGE 5. |
|----------------------|---|--|--|--|---|--|--|
| Now- | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | SYSTEM ID# |
| Name | Home Waldron Teleph | one | | | | | 63879 |
| 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, regul | ations, or authorization | is. For a further |
| Substitute | explanation of the programm | | | | e general instr | uctions in the paper S | A1-2 form. |
| Carriage: Special | 1. SPECIAL STATEMEN | | | | | | |
| Statement and | During the accounting per | | ir cable system | carry, on a substitute basi | is, any nonne | twork television prog | |
| Program Log | broadcast by a distant sta | tion? | | | | YES | × NO |
| | Note: If your answer is "No | ", leave the | rest of this pag | ge blank. If your answer is ' | "Yes," you m | ust complete the prog | ram |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | |
| | In General: List each subsciear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broot the case of Mexican or Can Column 5: Give the moot 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 s adcast station hadian station th and day ve "5/7." es when the . Example: a er "R" if the and regulation ming that y | am on a separa add additional nnetwork telev ion and that you or authorization wies" or "basked dcast live, enter station broadca on's location (the 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 our cable system substitute s. See page (v) of the gene atball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01: was substituted for progra uring the accounting period | program") tha d for the prog eral instruction n titles, for ex lo." station is lice station is ide program. Use cable system 15 p.m. to 6: mming that y | at, during the account gramming of another s ns for further informa ample, "I Love Lucy" ensed by the FCC or, ntified). a numerals, with the n . List the times accura 28:30 p.m. should be your system was <i>requ</i> tter "P" if the listed pro | ing station tion. or in nonth ately <i>ired</i> |
| | | | | | | | 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 | AGE OCCURRED 6. TIMES FROM — TO | DELETION |
| | N/A | | | | | | |
| | IN/A | + | + | | | | |
| | | + | + | | | | |
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| Accounting Period: | 2022/02 | FORM SA | 1-2E. PAGE 6. |
|---|---|------------------------------|--------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Home Waldron Telephone | SY | STEM ID# 63879 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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 | ,680.94 ss receipts) |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100 | nis six-month | 52.00 0.00 52.00 |
| | 1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, | 600) | |
| | 1. Enter the amount of gross receipts from space K \$ 263,800.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 | | |
| | 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) | 52.00 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | EFT Trace # or TRANSACTION ID # | | |

| Accounting Period: | 2022/02 | FORM SA1-2E. PAGE 7. |
|------------------------------------|---|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Home Waldron Telephone | SYSTEM ID# 63879 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services . | 19 150 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) | |
| for Further Information | Name Mitchell Maier Telephone | (608) 886-8210 |
| | Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53593 (City, town, state, zip) Email Finance@tdstelecom.com Fax (optional | |
| O Certification | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Sharon V. Tisdale | ystem as identified |
| | Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Sharon V. Tisdale Title: Assistant Treasurer (Title of official 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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| | FORM SA1-2E. PAGE |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| me Waldron Telephone | 6387 |
| 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. | 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 Assessment |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
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| Line 1 Enter the amount of late payment or underpayment | LA Interest Assessment |
| Line 1 Enter the amount of late payment or underpayment | LANGE CONTRACTOR OF CONTRACTON |

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