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

 2/14/2023
 \$

 ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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
		Northeast Telephone Company LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		450 Security Blvd
		(Number, street, rural route, apartment, or suite number)
		Green Bay, WI 54313 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: Nsight
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Briveov Act Notice	Castia	a 111 of Title 17 of the United States Cade sutherizes the Convision Office to collect the personally identifying information (DII) regulated on this

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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Naille	Northeast Telephone Company LLC	8559
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate 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 n	ed 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	Pulaski	WI
ommunity		
ws as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 855
	Northeast Telephone Co	ompany LLC	,						
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBER	S AND RATES					
E	In General: The information in s	•		-	-				
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period						11030 02131		
Service: Sub-	Number of Subscribers: Both					ers to the ca	ble system	, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv			0) (•		charged	
	Rate: Give the standard rate of							je and the	
	unit in which it is generally billed	-					-		
	category, but do not include disc								
	Block 1: In the left-hand block	•		•		-			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-	-				
	subscriber who pays extra for ca					the count ur	nder "Servio	e to the	
	first set" and would be counted o					vice that an	a different f	and these	
	Block 2: If your cable system printed in block 1 (for example, t	-							
	with the number of subscribers a								
	sufficient.		0						
	BL	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS F		CATEGO	ORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODOCINDE			0/11201		WIGE	COBCONIBEIRO	1011
	Service to first set		674	112.01					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								1
	Non-residential								1
	<u>+</u>								1
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	S: RATES					
F	In General: Space F calls for ra		,	-	-	•			
•	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•		•			• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the				c				
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that		-					were not	
Rates	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		OF SERVICE		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			: Non-resident					
	• Pay cable	16.95	• Motel, h	otel					
	Pay cable—add'l channel		Comme	rcial					1
	Fire protection		• Pay cab	le					
	•Burglar protection		• Pay cab	le-add'l channe	el				
	Installation: Residential		• Fire prot	ection					
	• First set		• Burglar	protection					Ι
	 Additional set(s) 		Other servi	ces:					
			Reconne						1
	 FM radio (if separate rate) 		- RCCOIIII	ect					
	FM radio (if separate rate)Converter		Disconn						
	, , , ,			ect					
	, , , ,		• Disconn • Outlet re	ect					

Namo	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Northeast Telephone	Company LLC		8
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-	1) stations carried only on a part-ti carriage of certain network progra (e)(2) and (4))]; and (2) certain sta ried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	me basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community the air in its community in noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBAY	2	N	Green Bay, WI
	WBAY	2.2	N-M	Green Bay, WI
d Rows as Necessary	WBAY	2.3	N-M	Green Bay, WI
	WBAY	2.4	N-M	Green Bay, WI
	WBAY	2.5	N-M	Green Bay, WI
	WFRV	5	N	Green Bay, WI
	WLUK	11	N	Green Bay, WI
	WLUK	11.2	N-M	Green Bay, WI
	WLUK	11.3	N-M	Green Bay, WI
	WCWF	14	I	Green Bay, WI
	WCWF	14.2	I-M	Green Bay, WI
	WCWF	14.3	I-M	Green Bay, WI
	WCWF	14.4	I-M	Green Bay, WI
	WGBA	26	Ν	Green Bay, WI
	WGBA	26.2	N-M	Green Bay, WI
	WGBA	26.3	N-M	Green Bay, WI
	WACY	32	I	Appleton, WI
	WACY	32.2	I-M	Appleton, WI
	WACY	32.3	I-M	Appleton, WI
	WPNE	38	Е	Green Bay, WI
	WPNE	38.2	E-M	Green Bay, WI
	WPNE	38.3	E-M	Green Bay, WI
	WPNE	38.4	E-M	Green Bay, WI
				,

	LEGAL NAME OF OWNER O			SYSTE
Name	Northeast Telephone			-
	PRIMARY TRANSMITTERS:	• •		
G	carried by your cable syste	dentify every television station (including tra tem during the accounting period, <i>except</i> (1	l) stations carried only on a part-ti	ime basis under
Primary ansmitters: elevision	76.59(d)(2) and (4), 76.61 substitute program basis,	s in effect on June 24, 1981, permitting the α 1(e)(2) and (4), or 76.63 (referring to 76.61(α as explained in the next paragraph. ns: With respect to any distant stations carri	e)(2) and (4))]; and (2) certain sta	ations carried on a
	basis under specific FCC	rules, regulations, or authorizations: ere in space G—but do list it in space I (the		
	basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same or Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these in Column 4: Give the location	d also in space I, if the station was carried b titon concerning substitute basis stations, se ion's call sign. <i>Do not</i> report origination prog ted with a station according to its over-the-ai n the form. anel number the FCC assigned to the televis <i>W</i> RC is channel 4 in Washington, D.C. ch case whether the station is a network sta attering the letter "N" (for network), "N-M" (for et), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction tion of each station. For U.S. stations, list the hadian stations, if any, give the name of the	ee page (v) of the general instruct ogram services such as HBO, ESF air 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. ne community to which the station	tions. PN, etc. Identify each ort multistream • the air in its community a noncommercial bendent), "I-M" tional multicast). • is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN WGBA	2. B'CAST CHANNEL NUMBER 26.4	3. TYPE OF STATION	4. LOCATION OF STATION Green Bay, WI
	WGBA	26.4	N-M	Green Bay, WI
	WGBA WBAY	26.4 2.6	N-M N-M	Green Bay, WI Green Bay, WI
	WGBA WBAY WFRV	26.4 2.6 5.2	N-M N-M N-M	Green Bay, WI Green Bay, WI Green Bay, WI

Northeast T	Jonkors A	om						
Northeast Te	elepnone C	ompar						8
	every radio s	tation ca	rried on a separate and discre				ied on an	н
			I-Band FM Carriage: Under (Primary
on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	monitoring, to ormation about m. lentify the call tate whether t the radio stati this by placing sive the station	be receiv the Cop sign of e he statio on's sigr a check i's locatio	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 mark in the "S/D" column. on (the community to which the the community with which the	system's FM anten his point, see pag ed by the cable s le station is licens	nna, during ce e (v) of the ge ystem as a se sed by the FCC	rtain sta neral ins parate al	ted intervals. tructions in the. nd discrete	Transmitters Radio
	AM or EM	8/D				e/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+			
					+			
					+			
					+			
					+			
					+			
					+			
					+			

							FC	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	Northeast Telephone C	company						8559
I	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televisi riod, under spe	on program, broadcast by a cific present and former FC	a <i>distant</i> statio C rules, regula	itions, or au	uthorizations	. For a further
Carriage:	1. SPECIAL STATEMENT	-			5			
Special Statement and	During the accounting peri	iod, did youi	cable system	carry, on a substitute basi	s, any nonnet	work telev	ision progra	am
	broadcast by a distant stat	tion?				l	YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complet	e the progr	am
	log in block 2.				·			
	period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can. Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every nor distant stati gulations, or ies like "moo Bulls." n was broad sign of the s idcast statio adian statio atian statio atian statio th and day w re "5/7." es when the Example: a er "R" if the Ind regulatic	add additional r network televi on and that you r authorizations vies" or "baske" cast live, enter tation broadca n's location (th ns, if any, the c when your syst substitute prog program carrie	ows to the tables. sion program ("substitute ar cable system substitute s. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute progra e community to which the community with which the em carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") tha d for the prog eral instruction n titles, for exa lo." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the lett	t, during th ramming o ns for furth- ample, "I L nsed by the tified). numerals, List the tir 8:30 p.m. s our system ter "P" if the	e accountin f another si er informati ove Lucy" o e FCC or, in with the m nes accura should be n was <i>requi</i> e listed pro	ng iation on. or n onth tely red
	effect on October 19, 1976.	• •	our system wa	s permitted to delete unde	r FCC rules a	nd regulati	ons in	
	effect on October 19, 1976.		E PROGRAM	·	WHE	N SUBST	ITUTE	7. REASON FOR
	effect on October 19, 1976.		-	·	WHE	IN SUBST	ITUTE	7. REASON FO
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TTUTE CURRED TIMES	

Accounting Period:	2022/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Northeast Telephone Company LLC	8559
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 • 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.	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 thi 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 \$137,10	
	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	
		63,800.00)
		<u> </u>
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	\$ 1,319.00
	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 \$527,6	600)
	1. Enter the amount of gross receipts from space K \$ 514,705.00	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	2,509.05
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
		0.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 3,828.05
	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)	3,828.05
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,848.05
	EFT Trace # or TRANSACTION ID # 273U347A	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CAE Northeast Telephone Comp				SYSTEM ID# 8559
M Channels	 to its subscribers, and (2) the of 1. Enter the total number of che system carried television broches 2. Enter the total number of according to the total number of according the total system of the cable system of the cable system of the total system of total	cable system's total num hannels on which the cab roadcast stations ctivated channels carried television broadc		counting period.	32 223
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this state		DRMATION IS NEEDED (Identify an ind	lividual	
for Further Information	Name Katie Win	ikel		Telephone 9	20-617-7102
	Address 450 Secur (Number, street,	rity Blvd t, rural route, apartment, or sui	te number)		
	Green Ba (City, town, state	y, WI 54313 te, zip)			
	Email ka	atie.winkel@nsight.con	1	Fax (optional	
O Certification	 I, the undersigned, hereby certif (Owner other than complete in line 1 of space) X (Officer or partner) I in line 1 of space) I have examined the statement are true, complete, and correct [18 U.S.C., Section 1001(1986)] 	ify that (Check one, <i>but on</i> orporation or partnershi er than corporation or p ace B and that the owner is I am an officer (if a corpor ace B. of account and hereby de to the best of my knowled)] $\sum_{n=1}^{\infty} \sum_{l=1}^{\infty} \sum_$	tified and signed in accordance with Co <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as artnership) I am the duly authorized ager is not a corporation or partnership; or ation) or a partner (if a partnership) of the clare under penalty of law that all stateme ige, information, and belief, and are made <i>/s/ Dan Fabry</i> electronic signature on the line above to ce hature using an "/s/ signature" (e.g., /s/ Joh Dan Fabry of Mobile and Fixed Operation (position held in corporation or partnership)	identified in line 1 of space B; of nt of the owner of the cable sys e legal entity identified as owner ents of fact contained herein e in good faith.	tem as identified
	Da	ate:		2/8/23	

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 filing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
rtheast Telephone Company LLC	855
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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name 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.	
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
	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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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 filing, a determination that would be made by a court of law.