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				
8/22/23	\$ 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

Α	ACCOUNTING 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)								
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								
	Community Antenna Systems, Inc								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	1010 Lake Street (Number, street, rural route, apartment, or suite number)								
	Hillsboro, WI 54634								
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these								
С	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	1 IDENTIFICATION OF CABLE SYSTEM:								
	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.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Community Antenna Systems, Inc	14
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated compunity discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First		
Community		
	Cazenovia	WI
Rows as Necessary		
		1111
		1117

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Community Antenna Systems, Inc

SYSTEM ID# 1408

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	4	94.42					
Service to additional set(s)	1	1.25					
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							

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	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE						
Continuing Services:		Installation: Non-residential					
• Pay cable		Motel, hotel					
Pay cable—add'l channel	8.65	Commercial					
Fire protection		Pay cable					
•Burglar protection		Pay cable-add'l channel					
Installation: Residential		Fire protection					
First set	40.00	Burglar protection					
Additional set(s)	15.00	Other services:					
 FM radio (if separate rate) 		Reconnect	25.00				
Converter		Disconnect					
		Outlet relocation	25.00				
		Move to new address	25.00				

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEMI					
Name	Community Antenna Systems, Inc								
	PRIMARY TRANSMITTERS:								
			translator stations and low nower t	talevision stations)					
G	n General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting perior except (1) stations carried only on a part-time assis unde								
	CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sectio (6.59(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								
Primary Transmitters:	(6.59(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 ubstitute program basis, as explained in the next paragrapl								
Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progra									
		ules, regulations, or authorization: e in space G—but do list it in space I (the Special Statement and Program	n Log)—if th					
	station was carried only on		and opposition distant rogital	. 139)					
		also in space I, if the station was carrie							
	Column 1: List each station	on concerning substitute basis stations n's call sign. Do not report origination p	s, see page (v) of the general instru- program services such as HBO, ESI	cแอเ PN, etc. Identify eac					
		d with a station according to its over-th	ne-air designation. For example, re	port multistrea					
	"WETA-2" as the same on t Column 2: Give the channe	the torm. el number the FCC assigned to the tel	evision station for broadcasting over	er the air in its commur					
	of license. For example, W	RC is channel 4 in Washington, D.C	_						
		case whether the station is a network ering the letter "N" (for network), "N-M"							
		, "E" (for noncommercial educational),							
	For the meaning of these to	erms, see page (iv) of the general instr	ructions in the paper SA1-2 forr						
		n of each station. For U.S. stations, lis dian stations, if any, give the name of							
	1 CO. 1 of Mickloan of Cana	sian stations, if any, give the name of	are community with which the state	on is identific					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WISC	3.1	N	Madison, WI					
	WISC.2	3.2	N-M	Madison, WI					
	WISC.3	3.3	N-M	Madison, WI					
d Rows as Necessary									
	WISC.4	3.4	N-M	Madison, WI					
	WISC.5	3.5	N-M	Madison, WI					
	WISC.6	3.6	N-M	Madison, WI					
	WKBT	8.1	N	LaCrosse, WI					
	WKBT.2	8.2	N-M	LaCrosse, WI					
		8.3	N-M						
	WKBT.3			LaCrosse, WI					
	WKBT.4	8.4	N-M	LaCrosse, WI					
	WKBT.5	8.5	N-M	LaCrosse, WI					
	WKBT.6	8.6	N-M	LaCrosse, WI					
	WMTV	15.1	N	Madison, WI					
	WMTV.2	15.2	N-M	Madison, WI					
	WMTV.3	15.3	N-M	Madison, WI					
	WMTV.4	15.4	N-M	Madison, WI					
	WMTV.5	15.5	N-M	Madison, WI					
			N-M	Madison, WI					
	WMTV.6	15.6							
		•	E	Madison, WI					
	WHA	21.1	E M	Madison, WI					
	WHA WHA.2	21.1 21.2	E-M	Madison, WI					
	WHA.2 WHA.3	21.1 21.2 21.3							
	WHA WHA.2	21.1 21.2	E-M	Madison, WI					
	WHA.2 WHA.3	21.1 21.2 21.3	E-M E-M	Madison, WI Madison, WI					
	WHA.2 WHA.3 WHA.4	21.1 21.2 21.3 21.4	E-M E-M E-M	Madison, WI Madison, WI Madison, WI					
	WHA 2 WHA.3 WHA.4 WKOW WKOW.2 WKOW.3	21.1 21.2 21.3 21.4 27.1 27.2	E-M E-M E-M N N-M	Madison, WI					
	WHA 2 WHA 3 WHA 4 WKOW WKOW.2 WKOW.3 WKOW.4	21.1 21.2 21.3 21.4 27.1 27.2 27.3 27.4	E-M E-M N N-M N-M N-M	Madison, WI					
	WHA 2 WHA 3 WHA 4 WKOW WKOW 2 WKOW 3 WKOW 4 WKOW 5	21.1 21.2 21.3 21.4 27.1 27.2 27.3 27.4 27.5	E-M E-M N N-M N-M N-M N-M	Madison, WI					
	WHA.2 WHA.3 WHA.4 WKOW WKOW.2 WKOW.3 WKOW.4 WKOW.5 WMSN	21.1 21.2 21.3 21.4 27.1 27.2 27.3 27.4 27.5 47.1	E-M E-M N N-M N-M N-M N-M N-M	Madison, WI					
	WHA 2 WHA 3 WHA 4 WKOW WKOW 2 WKOW 3 WKOW 4 WKOW 5	21.1 21.2 21.3 21.4 27.1 27.2 27.3 27.4 27.5	E-M E-M N N-M N-M N-M N-M	Madison, WI					
	WHA.2 WHA.3 WHA.4 WKOW.2 WKOW.2 WKOW.3 WKOW.4 WKOW.5 WMSN.	21.1 21.2 21.3 21.4 27.1 27.2 27.3 27.4 27.5 47.1 47.2	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI					
	WHA.2 WHA.3 WHA.4 WKOW WKOW.2 WKOW.3 WKOW.4 WKOW.5 WM/SN WM/SN WM/SN.2 WM/SN.2 WM/SN.4 WIFS	21.1 21.2 21.3 21.4 27.1 27.2 27.3 27.4 27.5 47.1 47.2 47.3 47.4 57.1	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Janesville, WI					
	WHA.2 WHA.3 WHA.4 WKOW WKOW.2 WKOW.3 WKOW.4 WKOW.5 WMSN. WMSN.2 WMSN.3 WMSN.4 WIFS.	21.1 21.2 21.3 21.4 27.1 27.2 27.3 27.4 27.5 47.1 47.2 47.3 47.4 57.1 57.2	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Janesville, WI Janesville, WI					
	WHA.2 WHA.3 WHA.4 WKOW WKOW.2 WKOW.3 WKOW.4 WKOW.5 WM/SN WM/SN WM/SN.2 WM/SN.2 WM/SN.4 WIFS	21.1 21.2 21.3 21.4 27.1 27.2 27.3 27.4 27.5 47.1 47.2 47.3 47.4 57.1	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Janesville, WI					

U.S. Copyright Office

counting Period:	2023/1	·		FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	SYSTEM ID						
Name	Community Antenna	Systems, Inc		140				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	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 perior except (1) stations carried only on a part-tilevision stations of FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (section							
Primary Transmitters: Television	ary 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 substitute program basis, as explained in the next paragrapl							
relevision	basis under specific FCC ru Do not list the station here	les, regulations, or authorization: a in space G—but do list it in space I (the						
	station was carried only on	a substitute basis also in space I, if the station was carried	hath on a substitute basis and a	lee en come eti				
	basis. For further information	n concerning substitute basis stations, s 's call sign Do not report origination pro-	ee page (v) of the general instru	ctio				
		with a station according to its over-the-						
	"WETA-2" as the same on t							
		el number the FCC assigned to the televi RC is channel 4 in Washington, D.C	sion station for broadcasting over	er the air in its commur				
		case whether the station is a network st	ation, an independent station, or	r a noncommerc				
	educational station, by ente	ring the letter "N" (for network), "N-M" (for	or network multicast), "I" (for inde	ependent), "I-I				
		"E" (for noncommercial educational), or		ational multicas				
		rms, see page (iv) of the general instruc n of each station. For U.S. stations, list the		in in linearend but				
		dian stations, if any, give the name of the						
	1 00.1 of Mickidan of Canal	and stations, if any, give the name of the	community with which the state	or is identific				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WIFS.6	57.6	N-M	Janesville, WI				
	WIFS.7	57.7	N-M	Janesville, WI				
	WIFS.8	57.8	N-M	Janesville, WI				
	WIFS.9	57.9	N-M	Janesville, WI				

U.S. Copyright Office

Accounting Period: 2023/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Community Antenna Systems, Inc

1408

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.

H

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	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 				 	
						 	
		 				 	
					 	 	
			N/A			 	
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A	- J. 2022 /4								500	101105 01055	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STFM:						FORI	SYSTEM ID#	
Name	Community Antenna									1408	
	,										
 Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the programm	tify every no accounting p	nnetwork telev period, under sp	ision pecif	program, broadcast by ic present and former F	a distant sta CC rules, reg	gulations,	or aut	horizatio	ns. For a further	
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	t and During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	Note: If your answer is "No		e rest of this pa	age	blank If your answer is	s "Yes " vou	must cor	nplete	_		
	log in block 2.	,	'	5	,	, ,		•	' `	,	
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp. Column 1: Give the title period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g. Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	stitute prograce, please of every not a distant state egulations, ories like "mo. Bulls." m was broad sign of the eadcast statinht and day live "5/7." les when the Example: ter "R" if the and regulatemming that	am on a separ add additiona connetwork tele tion and that your authorizatio covies" or "bask adcast live, ent station broadd on's location (ons, if any, they when your sy e substitute pra program car elisted programions in effect of	Il roverside in roverside in roverside in round in roverside in round in ro	vs to the tables. on program ("substitute cable system substitute See page (v) of the ger all." List specific progra Yes." Otherwise enter " ng the substitute progra community to which the munity with which the in carried the substitute am was carried by your by a system from 6:01 as substituted for prograg the accounting perio	e program") if ed for the program titles, for the program. Who." for each estation is it is program. Unreable systems:15 p.m. to the program that d; enter the	that, during a committed that the comment of the co	ng theing of further, "I Lower the control of the c	account another r informative Lucy" FCC or, with the r es accurrould be was requisited principle.	ing station tion. or in nonth ately	
	effect on October 19, 1976		E DDOCDAN	4			EN SUBS			7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH		. TIME	ES	DELETION	
		Yes or No	CALL SIGN	4.	STATION'S LOCATION	AND DAY	FROM	_	TO		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Community Antenna Systems, Inc	31	'STEM I 14
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form	mission service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 2	,273.58
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	•
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 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.	\$263,80(
	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 t accounting period is \$52.00	this 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	·· <u></u> \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula	= ∙	
	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)		
	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 otal Remittance Due	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
		1	
	EFT Trace # or TRANSACTION ID #		

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: ntenna Systems, Inc				SYSTEM ID# 1408
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the carried	s, and (2) the cable system's to I number of channels on which	otal number of the cable broadcast stati		counting period.	66
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		TION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name	Randall Kubarski			Telephone	608-489-2321
	Address	1010 Lake Street (Number, street, rural route, apartr Hillsboro, WI 54634 (City, town, state, zip)	nent, or suite num	iber)		
	Email	comant@coma	ntenna.com		Fax (optional) 608-489-2321	
	CERTIFICATION	(This statement of account mu	ust be certified	and signed in accordance with C	opyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check o	ne,but only one	e, of the boxes.)		
	(Owne	er other than corporation or p	artnership) I a	m the owner of the cable system a	s identified in line 1 of space E	3; or
		t of owner other than corpora line 1 of space B and that the o	•	ership) I am the duly authorized ago orporation or partnership; or	ent of the owner of the cable s	ystem as identified
		cer or partner) I am an officer (line 1 of space B.	if a corporation) or a partner (if a partnership) of the	ne legal entity identified as own	ner of the cable system
		te, and correct to the best of my		e under penalty of law that all stater formation, and belief, and are made		
			X /s/	Randall Kubarski		
				ronic signature on the line above to o e using an "/s/ signature" (e.g., /s/ Ju		
		Typed or printed	name: Ra	andall Kubarski	0.00.000	
		Title: (Title of o	President fficial position held	d in corporation or partnership)		
		Date:			AUGUST 18, 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.

Accounting Period: 2023/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Community Antenna Systems, Inc	1408
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."	P Special Statement Concerning Gross Receipts Exclusion
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	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
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	_
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** 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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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