This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

ST	ΆТ	EMI	ENT	OF	ACC	OUNT	
	^ I						

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY	by ema
DATE RECEIVED	AMOUNT	coplics
08/16/23	\$	For add contact Office L
	ALLOCATION NUMBER	Tel: (20

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 127 US Highway 12
		(Number, street, rural route, apartment, or suite number)
		Camp Douglas, WI 54618-5011 (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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or sulte 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.

		FORM SA1-2E. PAG
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	LVT Corp	633
	Instructions: List each separate community served by the cable system. A "communi	
D	separate and distinct community or municipal entity (including unincorporated comm	
U	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se	
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the identi-
Served	city.	
	CITY OR TOWN	STATE
First	Camp Douglas	WI
Community	New Lisbon	WI
	Hustler	WI
d Rows as Necessary	Mauston	WI
	Tomah	WI
	Sparta	WI
	West Salem	WI
	Bangor	WI

								-	A1-2E. PAG
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						Sr	STEM 633
	LVT Corp								033
-	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIB	ERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							gon the	
Service: Sub-	Number of Subscribers: Both						e system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular servi							harged	
	Rate: Give the standard rate cl							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. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system h								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		ignt-na						
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEF	RS	RATE	CATE	EGORY OF SER	VICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		744	56.45		ercial 2			
	 Service to additional set(s) 		850	5.00	Comme	ercial 3			
	• FM radio (if separate rate)				Basic			169	
	Motel, hotel		1	500.00	Expand	led		480	96 .
	Commercial		20	62.50					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		SWISS						
-	In General: Space F calls for rat					your cable syste	m's servic	es that were	
F	not covered in space E, that is, th								
0	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		sually D	nieu. Il ally la		inged on a variab	le per-pro	grani basis,	
Transmissions:	Block 1: Give the standard rat	e charged by the							
	Block 2: List any services that			ished or offere					
Rates			was ma				ces in the f	orm of a	
Rates	listed in block 1 and for which a s	1 0		ade or establis	shed. List t	hese other servio			
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip	1 0		ade or establis	shed. List t	hese other servio			
Rates	brief (two- or three-word) descrip	otion and include	the rate K 1	ade or establis e for each.				BLOCK 2	
Rates	brief (two- or three-word) descrip	otion and include BLOCI RATE	the rate K 1 CATEG	ade or establis e for each. ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVIC	E RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and include BLOCI RATE	the rate K 1 CATEGO nstallat	ade or establis e for each. ORY OF SER tion: Non-res	VICE	RATE	CATEGO		E RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and include BLOCI RATE	the rate K 1 CATEGO nstallat • Mote	ade or establis e for each. ORY OF SER tion: Non-res el, hotel	VICE		CATEGO		E RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and include BLOCI RATE	the rate K 1 CATEGO nstallat • Mote • Corr	ade or establis e for each. ORY OF SER tion: Non-res el, hotel mmercial	VICE	RATE	CATEGO		E RA1
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and include BLOCI RATE	the rate K 1 CATEG nstallat • Mote • Corr • Pay	ade or establis e for each. ORY OF SER tion: Non-res el, hotel nmercial cable	VICE idential	RATE	CATEGO		E RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	otion and include BLOCI RATE	the rate K 1 CATEGO • Mote • Corr • Pay • Pay	ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable	VICE idential	RATE	CATEGO		E RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	otion and include BLOCI RATE	the rate K 1 CATEGO • Mote • Com • Pay • Pay • Fire	ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	VICE idential	RATE	CATEGO		<u>E RA1</u>
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOCI RATE C	the rate K 1 CATEGO • Mote • Com • Pay • Pay • Fire • Burg	ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	VICE idential	RATE	CATEGO		E RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOCI RATE C	the rate K 1 CATEGO • Mote • Com • Pay • Pay • Fire • Burg Other s	ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	VICE idential	PP	CATEGO		E RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	BLOCI RATE C	the rate K 1 CATEGO Note • Com • Pay • Pay • Fire • Burg Other so	ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	VICE idential	RATE PP	CATEGO		E RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOCI RATE C	the rate K 1 CATEGO • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection glar protection ervices: onnect	VICE idential	PP	CATEGO		E RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	BLOCI RATE C	K 1 ATEG • Mote • Com • Pay • Pay • Fire • Burg Other so • Disc • Outh	ade or establis e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	VICE idential	RATE PP	CATEGO		E RA1

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	LVT Corp			63
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including to accounting period, excent		
C	FCC rules and regulations in	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	he carriage of certain network progra	ams [sections
Primary Fransmitters:	76.59(d)(2) and (4), 76.61(e))(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.		
Television	Substitute Basis Stations:	With respect to any distant stations ca	arried by your cable system on a sub	ostitute program
	• Do not list the station here	les, regulations, or authorizations: in space G—but do list it in space I (th	he Special Statement and Program L	Log)—if the
	station was carried only on aList the station here, and also and a station here.	a substitute basis. Iso in space I, if the station was carriec	d both on a substitute basis and also	o on some other
	basis. For further information	n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p	, see page (v) of the general instruction	ions.
	multicast stream associated	with a station according to its over-the		
		I number the FCC assigned to the tele	evision station for broadcasting over t	the air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network s	station an independent station, or a	noncommercial
	educational station, by entering	ing the letter "N" (for network), "N-M" ((for network multicast), "I" (for indepe	endent), "I-M"
	For the meaning of these terr	"E" (for noncommercial educational), o ms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	
		n of each station. For U.S. stations, list lian stations, if any, give the name of th	,	5
		<u></u> ,,,,,,,,,		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WISC	3	N	Madison, WI
	WISC DT2 TVW	4	N-M	Madison, WI
d Rows as Necessary	WMTV	5	N	Madison, WI
Thows as the table	WKBT	8	N	LaCrosse, WI
	WMSN	47	N	Madison, WI
	WEAU	13	N	Eau Claire, WI
	wxow	19	N	LaCrosse, WI
	KQEG	23	1	LaCrosse, WI
	WLAX	25	N	LaCrosse, WI
	WKOW	27	N	Madison, WI
	WHLA	31	E	LaCrosse, WI
	WKBT DT2 MyNetwor		N-M	LaCrosse, WI
	WXOW DT3 ThisTV	29	N-M	LaCrosse, WI
	WXOW DT2 Decades	10	N-M	LaCrosse, WI
	WMTV DT4 METV	12	N-M	Madison, WI
	WKOW DT2 Decades	28	N-M	Madison, WI
	WHLA DT3	21	N-M	LaCrosse, WI
	WHLA DT2	22	N-M	LaCrosse, WI
	WKOW DT3 ThisTV	58	N-M	Madison, WI
	WMTV DT2 CW	57	N-M	Madison, WI
	WLAX DT2 Antenna T	26	N-M	LaCrosse, WI
	······		N-M	Madison, WI
	WMSN DT2 Comet TV	48		
	WMSN DT2 Comet TV WMSN DT4 TBD TV	48 59	N-M	Madison, WI
		59	N-M N-M	Madison, WI Madison, WI
	WMSN DT4 TBD TV	59		

	LEGAL NAME OF OWNER OF				CVCTEI
Name	LVT Corp	CABLE SYSTEM:			SYSTEI 6
	PRIMARY TRANSMITTERS:				
G	carried by your cable system	tify every television station (including tra during the accounting period, <i>except</i> (1 effect on June 24, 1981, permitting the) stations carried only on a part-t	me basis under	
Primary ansmitters: Felevision	substitute program basis, as Substitute Basis Stations:	(2) and (4), or 76.63 (referring to 76.61(explained in the next paragraph. With respect to any distant stations carr			
	• Do <i>not</i> list the station here station was carried <i>only</i> on a	es, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. so in space I, if the station was carried b			
	basis. For further information Column 1: List each station's	a concerning substitute basis stations, se s call sign. <i>Do not</i> report origination pro with a station according to its over-the-a	ee page (v) of the general instruct gram services such as HBO, ESI	ions. PN, etc. Identify each	
		e form. number the FCC assigned to the televis RC is channel 4 in Washington, D.C.	sion station for broadcasting over	the air in its community	
		case whether the station is a network sta	ation, an independent station, or a	noncommercial	
	educational station, by entering		r network multicast). "I" (for indep		
	(for independent multicast), "	ng the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or '	'E-M" (for noncommercial educat	endent), "I-M"	
	(for independent multicast), " For the meaning of these terr Column 4: Give the location	ng the letter "N" (for network), "N-M" (for E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th	'E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station	endent), "I-M" ional multicast). is licensed by the	
	(for independent multicast), " For the meaning of these terr Column 4: Give the location	ng the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi	'E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station	endent), "I-M" ional multicast). is licensed by the	
	(for independent multicast), " For the meaning of these terr Column 4: Give the location	ng the letter "N" (for network), "N-M" (for E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th	'E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station	endent), "I-M" ional multicast). is licensed by the	OF STATION
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi	ng the letter "N" (for network), "N-M" (for E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th an stations, if any, give the name of the	'E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station community with which the statior	endent), "I-M" ional multicast). is licensed by the is identified.	OF STATION
	(for independent multicast), " For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ng the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	"E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION C	OF STATION
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WXOW DT4 Court TV	ng the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 61	'E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N-M	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION C LaCrosse, WI	OF STATION
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WXOW DT4 Court TV WMTV DT5 Start TV	ng the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 61 62	'E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N-M N-M	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION C LaCrosse, WI Madison, WI	OF STATION
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT2 COZI TV	ng the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 61 62 64	'E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N-M N-M N-M	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION C LaCrosse, WI Madison, WI Eau Claire, WI	OF STATION
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT2 COZI TV WEAU DT3 MeTV	ng the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 61 62 64 65	'E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N-M N-M N-M N-M N-M	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION C LaCrosse, WI Madison, WI Eau Claire, WI Eau Claire, WI	OF STATION
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT5 Start TV WEAU DT2 COZI TV WEAU DT3 MeTV WEAU DT4 Movies	ng the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 61 62 64 65 66	'E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION C LaCrosse, WI Madison, WI Eau Claire, WI Eau Claire, WI Eau Claire, WI	OF STATION
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT5 Start TV WEAU DT2 COZI TV WEAU DT3 MeTV WEAU DT4 Movies WECX CW	ng the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 61 62 64 65 66 66 67	'E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station of the stat	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION C LaCrosse, WI Madison, WI Eau Claire, WI Eau Claire, WI Eau Claire, WI Eau Claire, WI	DF STATION
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v	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT5 Start TV WEAU DT2 COZI TV WEAU DT3 MeTV WEAU DT4 Movies WECX CW WECX TV3 StartTV WECX TV2 H & I	ng the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 61 62 64 64 65 66 66 67 69 68	'E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station of the stat	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION C LaCrosse, WI Madison, WI Eau Claire, WI	DF STATION
v	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT5 Start TV WEAU DT2 COZI TV WEAU DT3 MeTV WEAU DT4 Movies WECX CW WECX TV3 StartTV WECX TV2 H & I	ng the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or ' ms, see page (iv) of the general instructi of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 61 62 64 64 65 66 66 67 69 68	'E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station of the stat	endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION C LaCrosse, WI Madison, WI Eau Claire, WI	OF STATION

Accounting P EGAL NAME OF			STEM:					I SA1-2E. PAGE
LVT Corp								633
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column 4:	i it is carried b monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing Sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	LVT Corp							63389
	SUBSTITUTE CARRIAGE							
	In General: In space I, ident					on that your o	able eveter	n carried on a
-	substitute basis during the a	any every nor accounting pe	eriod. under spe	cific present and former FC	C rules. regula	ations. or auth	orizations.	For a further
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBSTI	TUTE CARRIAGE				
Special	During the accounting per				sis anv nonne	etwork televisi	on program	m
Statement and	broadcast by a distant stat				,,			
Program Log	-						YES	×NO
	Note: If your answer is "No	o", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	ust complete	the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subs				wherever po	ssible, if their	meaning is	S
	clear. If you need more spa				program") th	at during the	accounting	~
	period, was broadcast by a			ision program ("substitute				
	under certain FCC rules, re	equiations. c	or authorization	s. See page (v) of the ger	eral instruction	ons for further	informatio	on.
	Do not use general catego							
	"NBA Basketball: 76ers vs.							
				r "Yes." Otherwise enter "I				
				asting the substitute progra ne community to which the		ensed by the l	ECC or in	
	the case of Mexican or Car						0001, 11	
	Column 5: Give the mor	nth and day		tem carried the substitute			ith the mo	nth
	first. Example: for May 7 gi							
				gram was carried by your				ely
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example: a	a program carri	led by a system from 6:01:	15 p.m. to 6:	28:30 p.m. sn	ouid be	
		ter "R" if the	listed program	was substituted for progra	amming that	vour svstem v	vas require	ed
	to delete under FCC rules							
	was substituted for program		/our system wa	is permitted to delete unde	er FCC rules a	and regulatior	ns in	
	effect on October 19, 1976							
						N SUBSTITU		
	,	SUBSTITUT	E PROGRAM			AGE OCCUF		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
							-	
						_		
						_		
						_		

Accounting Period:	2023/1			FORM SA1-2E	. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: LVT Corp				EM ID# 63389
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the system in space E) during the accounting period. For a further explanation 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	stem's see	condary transmis compute this ar	sion service	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more infi	ut less tha	n \$527,600	53,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	ee that you	u must pay for this	s six-month	
	Line 1. Royalty fee for accounting period				
	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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	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 a				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	409,624.00	·	
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	145,824.00		
	4. Multiply line 3 by .01		\$	1,458.24	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \ldots		\$	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	5, and 6		\$ 2,777	7.24
	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)		\$	2,777.24	
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		[\$ 2,797	7.24
	EFT Trace # or TRANSACTION ID #	27	78LUGU		
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2 form and the E				

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM:		SYSTEM ID# 63389
M Channels	to its subscrit 1. Enter the to system car 2. Enter the to on which th	bers, and (2) the cable system's otal number of channels on whi ried television broadcast station otal number of activated chann- ne cable system carried televisi	ns	35
N Individual to		TO BE CONTACTED IF FURT ct about this statement of acco	HER INFORMATION IS NEEDED (Identify an individual to whom unt.)	
Be Contacted for Further Information	Name	Jean Edhlund	Tele	ephone 218-692-5494
	Address	14 Main Street SW (Number, street, rural route, apar Menahga, MN 56464 (City, town, state, zip)		
	Email	jean.edhlund@	cooperative-networks.com Fax (optional	
	CERTIFICATIO	N (This statement of account n	ust be certified and signed in accordance with Copyright Office regula	ations)
O Certification	(Ow (Age X (Off • I have examin are true, comp	ent of owner other than corpora in line 1 of space B and that th ficer or partner) I am an officer (in line 1 of space B. ed the statement of account and	ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of sp ation or partnership) I am the duly authorized agent of the owner of the ca e owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified a nereby declare under penalty of law that all statements of fact contained he y knowledge, information, and belief, and are made in good faith.	able system as identified s owner of the cable system
			X /s/ Jim Costello 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 printer	d name: Jim Costello	
		Title: (T	President tite of official position held in corporation or partnership)	

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.

ounting Period: 2023/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
T Corp	6338
 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 sub scribers 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 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	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
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 Assessme
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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	
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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	

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