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.

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SA1-2E Short Form

Return completed workbook

STATEMI	ENT OF ACCOUNT	FOR COPYRIGHT OFFICE USE ONLY by email to:						
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov				
General instru	ems (Short Form) actions are located of this workbook	8/25/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	/YYY/(Period))					
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
Accounting Period		Barcode Data Filing Period (optional	- see instructions)					
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the par	•	sidiary of another corporation, give the full o	corporate				
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	single statement of account and royalty	the accounting period, only the owner on the last day of the accounting period should submit a ty fee payment covering the entire accounting period. filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	A					
			n					
	Tech Com, Inc. BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)					
	MAILING ADDRESS OF OWNER OF PO Box 409 (Number, street, rural route, apartment, or suite							
	Richland Center, WI 5358 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any busi							
System	names already appear in space B. In line	2, give the mailing address of t	he system, if different from the addre	ess given in space B				
oyotom	1 Genuine Telecom							
	MAILING ADDRESS OF CABLE SYSTEM	1:						
	2 (Number, street, rural route, apartment, or suite	umber)						
	(City, town, state, zip code)							
Privacy Act Notic	e: Section 111 of title 17 of the United States Code a	therizes the Convright Office to collect th	o personally identifying information (DII) regul	ostad on this				

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Hame	Tech Com, Inc.	63391					
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	prated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter knowr					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
First	CITY OR TOWN Richland Center	STATE WI					
Community							
ows as Necessary							

							eve	1-2E. PAG		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					513	633		
	Tech Com, Inc.							033		
_	SECONDARY TRANSMISSION	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
. .	system, that is, the retransmissio									
Secondary ransmission	about other services (including p last day of the accounting period	, , ,	,	,	ate must be th	iose existii	ng on the			
Service: Sub-	Number of Subscribers: Both				ers to the cab	le system,	broken			
scribers and	down by categories of secondary									
Rates	each category by counting the nu	-		•	-		charged			
	separately for the particular serve Rate: Give the standard rate c						a and the			
	unit in which it is generally billed.	-	• •			-				
	category, but do not include disc	· · ·	,	, otaniaana						
	Block 1: In the left-hand block		Ũ							
	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	once again und	er "Service to additiona	al set(s)."						
	Block 2: If your cable system I									
	printed in block 1 (for example, ti with the number of subscribers a									
	sufficient.	inu rates, in the	Hight-hand block. A th							
		OCK 1				BLOCK 2				
		NO. OF					NO. OF	_		
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CATEC	GORY OF SEF	RVICE	SUBSCRIBERS	RA		
	Residential:		224 47.00							
	Service to first set		221 47.00							
	Service to additional set(s)		328 5.00							
	• FM radio (if separate rate)		210 15.00							
	Motel, hotel Commercial		210 15.00 3 47.00							
	Converter		3 47.00							
	Residential									
	Non-residential									
	• Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE	S						
F	In General: Space F calls for rat				our cable syst	em's servi	ces that were			
F	not covered in space E, that is, the									
Services	service for a single fee. There ar furnished at cost or (2) services		,	0		0 ()				
	amount of the charge and the un									
Other Than					5		J			
	enter only the letters "PP" in the	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Secondary ansmissions:	Block 1: Give the standard rat	e charged by t								
Secondary	Block 1: Give the standard rat Block 2: List any services that	e charged by t your cable sys	stem furnished or offere	ed during the	e accounting p	eriod that				
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s	e charged by t your cable system separate charg	stem furnished or offer e was made or establi	ed during the	e accounting p	eriod that				
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that	e charged by t your cable system separate chargotion and includ	stem furnished or offer e was made or establi le the rate for each.	ed during the	e accounting p	eriod that	form of a			
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e charged by t your cable system separate chargotion and include BLO	stem furnished or offer e was made or establi le the rate for each. CK 1	ed during the shed. List the	e accounting p ese other serv	eriod that ices in the	form of a BLOCK 2			
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	e charged by t your cable system separate chargotion and includ	stem furnished or offere e was made or establi le the rate for each. CK 1 CATEGORY OF SER	ed during the shed. List the VICE	e accounting p	eriod that ices in the	form of a	RA		
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	e charged by t your cable system separate chargotion and include BLO	stem furnished or offere e was made or establi le the rate for each. CK 1 CATEGORY OF SER Installation: Non-res	ed during the shed. List the VICE	e accounting p ese other serv	eriod that ices in the	form of a BLOCK 2	RA		
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	e charged by t your cable system separate chargotion and include BLO	stem furnished or offere e was made or establi le the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel	ed during the shed. List the VICE	e accounting p ese other serv	eriod that ices in the	form of a BLOCK 2	RA		
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	e charged by t your cable system separate chargotion and include BLO	stem furnished or offere e was made or establis te the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial	ed during the shed. List the VICE	e accounting p ese other serv	eriod that ices in the	form of a BLOCK 2	RA		
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	e charged by t your cable system separate chargotion and include BLO	stem furnished or offere e was made or establis te the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable	ed during the shed. List the VICE idential	e accounting p ese other serv	eriod that ices in the	form of a BLOCK 2	RA		
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	e charged by t your cable system separate chargotion and include BLO	stem furnished or offere e was made or established the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l ch	ed during the shed. List the VICE idential	e accounting p ese other serv	eriod that ices in the	form of a BLOCK 2	RA		
ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	e charged by t your cable system separate chargotion and include BLO	stem furnished or offere e was made or establis le the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l ch • Fire protection	ed during the shed. List the VICE idential	e accounting p ese other serv	eriod that ices in the	form of a BLOCK 2	RA		
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	e charged by t your cable system separate chargotion and include BLO	stem furnished or offere e was made or establis le the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection	ed during the shed. List the VICE idential	e accounting p ese other serv	eriod that ices in the	form of a BLOCK 2	RA		
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	e charged by t your cable system separate chargotion and include BLO	stem furnished or offere e was made or establis le the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Other services:	ed during the shed. List the VICE idential	e accounting p ese other serv	eriod that ices in the	form of a BLOCK 2	RA		
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	e charged by t your cable system separate chargotion and include BLO	stem furnished or offere e was made or establis le the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Other services: • Reconnect	ed during the shed. List the VICE idential	e accounting p ese other serv	eriod that ices in the	form of a BLOCK 2	RA		
Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	e charged by t your cable system separate chargotion and include BLO	stem furnished or offere e was made or establis le the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Other services:	ed during the shed. List the VICE idential	e accounting p ese other serv	eriod that ices in the	form of a BLOCK 2	RA		

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Tech Com, Inc.	0.022		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute Basis Stations basis under specific FCC ru • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast)	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination put ed with a station according to its over-the-	(1) stations carried only on a part-time ne carriage of certain network programs 1(e)(2) and (4))]; and (2) certain stations arried by your cable system on a substitu- ne Special Statement and Program Log d both on a substitute basis and also on see page (v) of the general instructions program services such as HBO, ESPN, a e-air designation. For example, report m vision station for broadcasting over the station, an independent station, or a non for network multicast), "I" (for independent or "E-M" (for noncommercial educational	e basis under s [sections ns carried on a tute program g)—if the n some other s. etc. Identify each multistream e air in its community pncommercial lent), "I-M"
	Column 4: Give the location FCC. For Mexican or Cana	on of each station. For U.S. stations, list adian stations, if any, give the name of th	the community to which the station is line community with which the station is in	identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WISC	3	N	
	WISC DT-2	3.2	N-M	
d Rows as Necessary	WKBT	8	N	
	WKBT DT-2	8.2	N-M	
	WMSN	47	N	
	WMSN DT-2	47.2	N-M	
	WMSN DT-3	47.3	N-M	
	WMSN DT-4	47.4	N-M	
	WXOW	19	N	
	WXOW DT-2	19.2	N-M	
	WXOW DT-3	19.3	N-M	
	WXOW DT-4	19.4	N-M	
	WMTV	15	N	
	WMTV DT-2	15.2	N-M	
	WMTV DT-3	15.3	N-M	
	WHA	21	E	
	WHA DT-2	21.2	E-M	
	WHA DT-4	21.4	E-M	
	WKOW	27	N	
	WKOW DT-2	27.2	N-M	
	WIFS	57	I	
	WMTV DT-4	15.4	N-M	
	WMTV DT-5	15.5	N-M	
	WMTV DT-6	15.6	N-M	

EGAL NAME OF Fech Com, I		CABLE S	YSTEM:					SYSTEM I 633
,								500
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of a or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recein the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral in eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
lexican or Can	adian stations		the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	
							·	
				F				

Accounting Peric	od: 2023/1						FORM	I SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Humo	Tech Com, Inc.							63391	
I Substitute	SUBSTITUTE CARRIAG	ify every no	nnetwork televi period, under sp	<i>sion program,</i> broadcast by pecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or a	uthorizatior	ns. For a further	
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Ouring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and Program Log									
r rogram Eog	broadcast by a distant station? YES X NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.				5 103, your	must compic	te the prog	lan	
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program								
	effect on October 19, 1976. WHEN SUBSTITUTE PROGRAM VHEN SUBSTITUTE CARRIAGE OCCURRED 7						7. REASON FOF		
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		5. MONTH	6. TI	MES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO		
		+					-		
							-		
							-		
							-		
						_	-		
						_	-		
							-		
		+							
							-		
						_	-		
						_			
		+						+	

Accounting Period:	2023/1	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	Tech Com, Inc.		63391
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission servic∉ amount, se	134.00 s receipts)
	COPYRIGHT ROYALTY FEE		
L 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 \$527,60(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 accounting period is \$52.00		
	Line 1. Royalty fee for accounting period	. \$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	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
	o. Increationarge. Enter the amount non me 4, space &, page o		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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance 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
	EFT Trace # or TRANSACTION ID # 277C4VKT		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2023/1						FORM SA1-2E. PAGE
Name	LEGAL NAME OF Tech Com, In	F OWNER OF CABLE SYSTEM:					SYSTEM II 6339
M Channels	 to its subscribe 1. Enter the tol system carrie 2. Enter the tol on which the 	You must give (1) the number ers, and (2) the cable system's tal number of channels on whic ed television broadcast stations tal number of activated channe cable system carried television dcast services	total numl ch the cabl s els n broadcas	ber of activated chan le st stations	nels during the a	accounting period.	ons 24 150
N Individual to Be Contacted		O BE CONTACTED IF FURT t about this statement of accou		DRMATION IS NEED	ED (Identify an	individual to whom	
for Further Information	Name	Michelle Harwick				Telepho	ne 608-649-8316
	Address	430 W. Union Street (Number, street, rural route, apar Richland Center, WI (City, town, state, zip)	tment, or sui	ite number)			
	Email	mharwick@ger	nuinetel.c	om		Fax (optional)	
O Certification	I, the undersig (Owr (Age i X (Off i I have examinare true, completion	N (This statement of account n ned, hereby certify that (Check o her other than corporation or p nt of owner other than corpor- n line 1 of space B and that the icer or partner) I am an officer (n line 1 of space B. ed the statement of account and ete, and correct to the best of my tion 1001(1986)]	one, but only partnership ation or pa owner is no (if a corpora hereby de	<i>ly one</i> , of the boxes.) p) I am the owner of th artnership) I am the du ot a corporation or part ration) or a partner (if a eclare under penalty of	ne cable system a uly authorized ag tnership; or n partnership) of t	as identified in line 1 of spa gent of the owner of the cat the legal entity identified as ements of fact contained he	ice B; or ble system as identified owner of the cable system
		Typed or printed Title:	Enter sign d name: CEO/G	nature using an "/s/ sig John Bartz	nature" (e.g., /s/	o certify this statement. John Smith)	
		Date:				8/25/2023	

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AL NAME OF OWNER OF CABLE SYSTEM: h Com, Inc.	FORM SA1-2E. PAGE
h Com, Inc.	SYSTEM II
	6339
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.	P Special Statement Concerning Gross Receipts Exclusion
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	
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 Assessmer
X	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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	
Owner Address	
Address	
	10100 10100

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 th 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.