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       DATE RECEIVED       AMOUNT       goalicoad directorumination, contact Form)         General instructions are located in the first tab of this workbook       B/17/2023       \$       S       Contact Form)         General instructions are located in the first tab of this workbook       B/17/2023       \$       ALLOCATION NUMBER       For editional information, contact Fire / 2.3 (207.6150         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       D023/01       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         D023/01       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31       D023/01       D	STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
Cable Systems (Short Form)       Control (Control (Contro) (Co					_
General instructions are located in the first tab of this workbook       8/17/2023       \$       For additional information, info			DATE RECEIVED	AWOUNT	<u>coplicsoa@copyright.gov</u>
in the first tab of this workbook          A       ALLOCATION NUMBER       Ter (202) 707-8750         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY(Period))			8/17/2022	\$	contact the U.S. Copyright
A         ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))           2023/01         Period 1 = January 1 - Juns 30         Period 2 = July 1 - December 31           2023/01         Period 1 = January 1 - Juns 30         Period 2 = July 1 - December 31           2023/01         Period 1 = January 1 - Juns 30         Period 2 = July 1 - December 31           2023/01         Period 1 = January 1 - Juns 30         Period 2 = July 1 - December 31           2023/01         Period 1 = January 1 - Juns 30         Period 2 = July 1 - December 31           2023/01         Period 1 = January 1 - Juns 30         Period 2 = July 1 - December 31           2023/01         Period 1 = January 1 - Juns 30         Period 2 = July 1 - December 31           2023/01         Period 1 = January 1 - Juns 30         Period 2 = July 1 - December 31           2023/01         Period 1 = January 1 - Juns 30         Period 2 = July 1 - December 31           2023/01         Period 1 = January 1 - Juns 30         Period 2 = July 1 - December 31           2023/01         Matchine of the owner of the cable system.         The owner is a subdiciary of another corporation, give the full corporate the full corporate the owner on the last day of the accounting period should submit a single statement of account any orbit free arment coroning the critic accounting period.           Check here if this is the system? Sirst filing. If not, etter the system? Sirst filing. If not, etter the system? Sirst filing.			0/1//2023		
Accounting       2023/01       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         20231       Barcode Data Filing Period (optional - see instructions)       Image: Comparison of the control optional - see instructions)         Accounting       Instructions:       Give the full legal mane of the owner of the cable system. If the owner is a subidiary of another corporation, give the full corporate title of the subidiary, not that of the parent corporation.       Ust 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 royally fee payment covering the entire accounting period.       E3864         Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division.       E3864         LEGAL NAME OF OWNERY OF CABLE SYSTEM       Potatch Telephone Company       BUSINESS NAME(6) OF OWNER OF CABLE SYSTEM         Potatch Telephone Company       BUSINESS NAME(6) OF OWNER OF CABLE SYSTEM       S25 Junction Road       Mallino Address generation         Mallino Address appear in space B1. https://www.mate.appear in space B1. https://www.mate.appear.appear in space B1. https://www.mate.appear.appear.appear.appear.appear.appear.appear.appear.appear.				ALLOCATION NOMBER	
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Accounting Period Detailing Period (optional - see instructions)  Accounting Period B Owner Ust any other name or har 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. Ust 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.  ELEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Potiatch Tolephone Company EUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Statement of account mutber) Madison, WI 53717 (Div) torin, tilder. 20)  NISTRUCTIONS: In line 1, Give any business or trade names used to identify the business and operation of the system unless these 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  Account and company EUSINESS or CABLE SYSTEM: Company EUSINESS or CABLE SYSTE	Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (	YYYY/(Period))	
Accounting Period Detailing Period (optional - see instructions)  Accounting Period B Owner Ust any other name or har 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. Ust 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.  ELEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Potiatch Tolephone Company EUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Statement of account mutber) Madison, WI 53717 (Div) torin, tilder. 20)  NISTRUCTIONS: In line 1, Give any business or trade names used to identify the business and operation of the system unless these 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  Account and company EUSINESS or CABLE SYSTEM: Company EUSINESS or CABLE SYSTE					
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Accounting Period  Accounting Pe					
Accounting Period  Accounting Pe		20	Barcode Data Filing Period (optiona	al - see instructions)	
Period           B         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. 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.         E3864           Image: Comparison of the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.         E3864           Image: LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM         Potlatch Telephone Company           BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         S25 Junction Road           MAILING ADDRESS OF OWNER OF CABLE SYSTEM         S25 Junction Road           Mailson, WI 53717         Mailson, WI 53717           Winding: streat, roal roads, spattment, or submander)         TDS Telecom, Inc.           MALING ADDRESS OF CABLE SYSTEM:         1           2         Image: streat, roal roads, spattment, or submander)	Accounting		0231		
B       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.         Ust 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.       Image: Comparison of the cable system         Image: Comparison of the cable of the cable of the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.       Image: Comparison of the cable of the cab	•				
B       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.       63864         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Pottach Telephone Company         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       525 Junction Road         Number, street, unit note, speatment, or sulte number)       Mailing, 400RESS OF CABLE SYSTEM         S25 Junction Road       Number, street, unit note, speatment, or sulte number)         Mailing, apport in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1         DENTIFICATION OF CABLE SYSTEM:         2       pturber; street, unit note, speatment, or sulte number)		Instructions:			
Construction       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.       63864         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Potlatch Telephone Company         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       9         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       525 Junction Road         Kumber, street, runal focue, apathment or sulle number)       Madison, WI 53717         (Cby, town, state, 2p)       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.         1       IDENTIFICATION OF CABLE SYSTEM:         2       Number, street, runal focue, apathment or sulle number)	В	_		bsidiary of another corporation, give the full	corporate
Single statement of account and royalty fee payment covering the entire accounting period.	Owner	List any other name or names under	<sup>r</sup> which the owner conducts the business o	f the cable system.	
Single statement of account and royalty fee payment covering the entire accounting period.		If there were different owners durin	g the accounting period, only the owner o	n the last day of the accounting period shou	ıld submit a
Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.           LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM           Potlatch Telephone Company           BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)           MAILING ADDRESS OF OWNER OF CABLE SYSTEM           525 Junction Road           (Wumber, street, rural route, apartment, or suite number)           Madison, WI 53717           (Cley, town, state, app)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.           1         IDENTIFICATION OF CABLE SYSTEM:           2         Mumber, street, rural route, apartment, or suite number)					
C         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.           1         IDENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.           2         Number, street, rural route, apartment, or suite number)		Check here if this is the system's firs	t filing. If not, enter the system's ID numb	er assigned by the Licensing Division.	63864
C         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.           1         IDENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.           2         Mailing Address of CABLE SYSTEM: 2					
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)           MAILING ADDRESS OF OWNER OF CABLE SYSTEM           525 Junction Road           (Number, street, rural route, apartment, or suite number)           Madison, WI 53717           (City, town, state, zip)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.           1         IDENTIFICATION OF CABLE SYSTEM:           7         TDS Telecom, Inc.           MAILING ADDRESS OF CABLE SYSTEM:           2         (Number, street, rural route, apartment, or sulte number)		LEGAL NAME OF OWNER/MA	ILING ADDRESS OF CABLE SYSTE	М	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM         525 Junction Road         (Number, street, rural route, apartment, or suite number)         Madison, WI 53717         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.         1       IDENTIFICATION OF CABLE SYSTEM:         7       TDS Telecom, Inc.         8       Mailling AdDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)		Potlatch Telephone Company			
System <sup>525</sup> Junction Road <sup>(Number, street, nural route, apartment, or suite number)          Madison, WI 53717           <sup>(Number, street, nural route, apartment, or suite number)          Madison, WI 53717           <sup>(Number, street, nural route, apartment, or suite number)          Madison, WI 53717           <sup>(Number, street, nural route, apartment, or suite number)          Mathematical System          <sup>INSTFUCTIONS:</sup> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.          1          <sup>IDENTIFICATION OF CABLE SYSTEM:          7DS Telecom, Inc.          <sup>MAILING ADDRESS OF CABLE SYSTEM:          2          <sup>(Number, street, nural route, apartment, or suite number)</sup> </sup></sup></sup></sup></sup></sup>		BUSINESS NAME(S) OF OWNE	R OF CABLE SYSTEM (IF DIFFEREN	IT)	
System <sup>525</sup> Junction Road <sup>(Number, street, nural route, apartment, or suite number)          Madison, WI 53717           <sup>(City, town, state, 2/p)</sup>          Image: street, nural route, apartment, or suite number)          <sup>(Number, street, nural route, apartment, or suite number)</sup>          System          <sup>(Number, street, nural route, apartment, or suite number)</sup>          MalLING ADDRESS OF CABLE SYSTEM:          <sup>(Number, street, nural route, apartment, or suite number)</sup> </sup>					
Image: Number, street, rural route, apartment, or suite number)         Madison, WI 53717         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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       IDENTIFICATION OF CABLE SYSTEM:         1       IDENTIFICATION OF CABLE SYSTEM:         2       Mailing Address of cable SYSTEM:         2       (Number, street, rural route, apartment, or suite number)			R OF CABLE SYSTEM		
Image: City, town, state, zip)			suite number)		
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1     TDS Telecom, Inc.       MAILING ADDRESS OF CABLE SYSTEM:       2       (Number, street, rural route, apartment, or suite number)	•			he system, if different from the addre	ss given in space B.
2 (Number, street, rural route, apartment, or suite number)	System		M:		
			STEM:		
(City, town, state, zip code)		2 (Number, street, rural route, apartment, or s	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 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Potlatch Telephone Company	638
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated 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.	communities within unincorporated areas and including single I list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	
Serveu		
	CITY OR TOWN	STATE
First Community	Kendrick	ID
Community		
dd Rows as Necessary		
uu nows as necessary		
		***************************************

	LEGAL NAME OF OWNER OF O								-2E. PAG	
Name									638	
	Potlatch Telephone Company									
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCR	BERS AND R	ATES					
E	<b>In General:</b> 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									
Secondary	system, that is, the retransmissi about other services (including									
Transmission	last day of the accounting period							sing on the		
Service: Sub-	Number of Subscribers: Bot	•					•			
scribers and	down by categories of secondar	•		•		•				
Rates	each category by counting the r separately for the particular serv		-			•	-	is charged		
	<b>Rate:</b> Give the standard rate of					•	,	rge and the		
	unit in which it is generally billed				•	ard rate variation	ns within a	particular rate		
	category, but do not include disc					andary transm	icaion con	vice that eable		
	Block 1: In the left-hand block systems most commonly provid	•		0						
	that applies to your system. Not									
	categories, that person or entity					•	• •			
	subscriber who pays extra for ca						nder "Serv	vice to the		
	first set" and would be counted Block 2: If your cable system						e different	from those		
	printed in block 1 (for example,	•		•						
	with the number of subscribers	and rates, in th	e right-	hand block. A t	wo- or thre	ee-word descrip	tion of the	service is		
	sufficient.				1			<u> </u>		
	BLU	OCK 1 NO. OF					BLOC	NO. OF	r –	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RA	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		43	\$25/mo						
	<ul> <li>Service to additional set(s)</li> </ul>									
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel									
	Commercial									
	Converter		10	<b>.</b>						
	Residential		43	\$8/Mo.						
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SSIONS: RATE	s					
-	In General: Space F calls for ra					all your cable sy	stem's sei	rvices that were		
F	not covered in space E, that is,					•				
Services	service for a single fee. There a furnished at cost or (2) services				•		• •			
Other Than	. ,									
Secondary	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.									
ransmissions:	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Rates	<b>BIOCK 2:</b> List any services that your cable system furnished or offered during the account listed in block 1 and for which a separate charge was made or established. List these oth									
	brief (two- or three-word) descri									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	\$8.00-\$15.00	• Mo	otel, hotel						
	<ul> <li>Pay cable—add'l channel</li> </ul>			ommercial		\$0 - \$50.00				
	<ul> <li>Fire protection</li> </ul>			y cable						
	•Burglar protection			y cable-add'l cl	nannel					
	Installation: Residential			e protection						
	• First set	\$0-\$50.00		rglar protection						
	• Additional set(s)	\$0-\$50.00		services:						
	• FM radio (if separate rate)			econnect		\$0-\$25.00				
	• Converter			sconnect		10.09.20.00				
			•00	Itlet relocation		19.98-39.96			]	
			, N.A	ove to new addr	000					

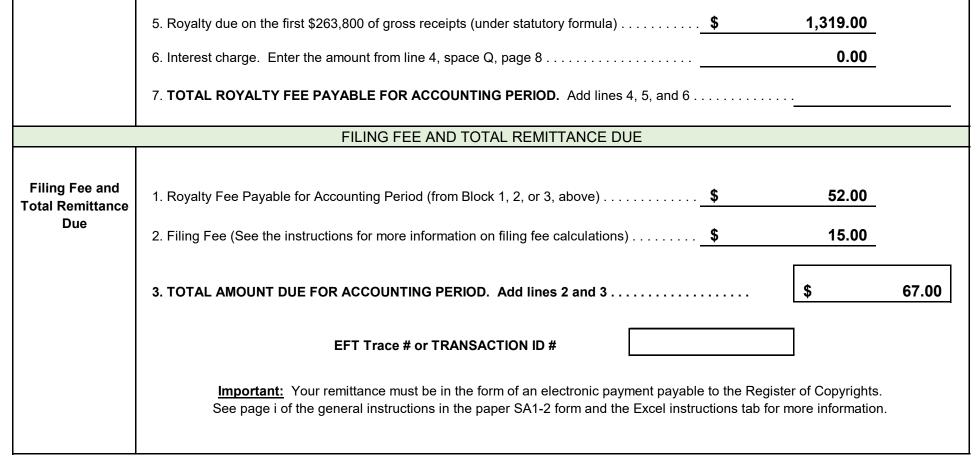
Name	LEGAL NAME OF OWNER O	JF CABLE SYSTEM:		SYSTE					
	Potlatch Telephone	Company		6					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station he station was carried only or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these to Column 4: Give the location	dentify every television station (including t em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s:</b> With respect to any distant stations cal rules, regulations, or authorizations: ere in space G—but do list it in space I (th n a substitute basis. If also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a par- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s ne Special Statement and Program d both on a substitute basis and a see page (v) of the general instru- rogram services such as HBO, Es e-air designation. For example, re- vision station for broadcasting over station, an independent station, of for network multicast), "I" (for inde- pr "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the station	rt-time basis under grams [sections stations carried on a substitute program m Log)—if the also on some other uctions. SPN, etc. Identify each eport multistream ver the air in its community or a noncommercial ependent), "I-M" vational multicast).					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KAYU	28.1	N	Spokane, WA					
	KAYU-DT2	28.2	N-M	Spokane, WA					
ws as Necessary	KCDT	26.1	E	Coeur d'Alene, ID					
1993 65	KCDT-DT2	26.2	E-M	Coeur d'Alene, ID					
	KCDT-DT3	26.3	E-M	Coeur d'Alene, ID					
	KCDT-DT4	26.4	E-M	Coeur d'Alene, ID					
	KCDT-DT5	26.5	E-M	Coeur d'Alene, ID					
	КНQ	6.1	Ν	Spokane, WA					
	KHQ-DT2	6.2	N-M	Spokane, WA					
	KREM	2.1	Ν	Spokane, WA					
				Spokalle, WA					
	KREM-DT2	2.2	N-M	Spokane, WA					
	KREM-DT2 KREM-DT3								
		2.2	N-M	Spokane, WA					
	KREM-DT3	2.2 2.3	N-M N-M	Spokane, WA Spokane, WA					
	KREM-DT3 KREM-DT6	2.2 2.3 2.6	N-M N-M N-M	Spokane, WA Spokane, WA Spokane, WA					
	KREM-DT3 KREM-DT6 KXLY	2.2 2.3 2.6 4.1	N-M N-M N-M N	Spokane, WA Spokane, WA Spokane, WA Spokane, WA					
	KREM-DT3 KREM-DT6 KXLY KXLY-DT2	2.2 2.3 2.6 4.1 4.2	N-M N-M N-M N N-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA					
	KREM-DT3 KREM-DT6 KXLY KXLY-DT2 KXLY-DT3	2.2 2.3 2.6 4.1 4.2 4.3	N-M N-M N-M N N-M N-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA					
	KREM-DT3 KREM-DT6 KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4	2.2 2.3 2.6 4.1 4.2 4.3 4.4	N-M N-M N-M N-M N-M N-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA					
	KREM-DT3 KREM-DT6 KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5	2.2 2.3 2.6 4.1 4.2 4.3 4.4 4.5	N-M N-M N-M N-M N-M N-M N-M N-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA					
	KREM-DT3 KREM-DT6 KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5 KSPS	2.2         2.3         2.6         4.1         4.2         4.3         4.4         4.5         7.1	N-M N-M N-M N-M N-M N-M N-M E	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA					

	LEGAL NAME OF OWNER OF				SYSTEM		
Name					638		
	Potlatch Telephone C						
				· · · · · · · · · · · · · · · · · · ·			
G		entify every television station (including m during the accounting period, <i>excep</i>					
-	FCC rules and regulations i	in effect on June 24, 1981, permitting t	the carriage of certain network progra	ms [sections			
Primary		e)(2) and (4), or 76.63 (referring to 76.6	61(e)(2) and (4))]; and (2) certain stat	ions carried on a			
ransmitters: Television		as explained in the next paragraph. With respect to any distant stations o	carried by your cable system on a sub	stitute program			
	basis under specific FCC ru	ules, regulations, or authorizations:					
	• Do <i>not</i> list the station here station was carried <i>only</i> on	re in space G—but do list it in space I ( a substitute basis.	the Special Statement and Program L	₋og)—if the			
	-	also in space I, if the station was carrie	ed both on a substitute basis and also	o on some other			
	basis. For further information	on concerning substitute basis stations	s, see page (v) of the general instructi	ons.			
		n's call sign. <i>Do not</i> report origination d with a station according to its over-th		-			
	"WETA-2" as the same on		le-all designation. For example, repo	าเป็นแรแซลกา			
		el number the FCC assigned to the tel	evision station for broadcasting over t	the air in its community			
		/RC is channel 4 in Washington, D.C. n case whether the station is a network	station an independent station or a	noncommercial			
			-				
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).						
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.						
	For the meaning of these te	erms, see page (iv) of the general instr	ructions in the paper SA1-2 form.				
	For the meaning of these te <b>Column 4:</b> Give the location		ructions in the paper SA1-2 form. st the community to which the station i	is licensed by the			
	For the meaning of these te <b>Column 4:</b> Give the location	erms, see page (iv) of the general instr on of each station. For U.S. stations, lis	ructions in the paper SA1-2 form. st the community to which the station i	is licensed by the	STATION		
	For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana	erms, see page (iv) of the general instr on of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station in the community with which the station	is licensed by the is identified.	STATION		
	For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana	erms, see page (iv) of the general instr on of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station in the community with which the station	is licensed by the is identified.	STATION		
	For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana	erms, see page (iv) of the general instr on of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. In the community to which the station in the community with which the station	is licensed by the is identified.	STATION		
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Potlatch Tel	FOWNER OF (							SYSTEM II 638
PRIMARY TRA		RADIO						
n General: List	every radio s	tation ca	arried on a separate and discunction of a separate and discunction of the separate set of the separate set of the separate set of the separate set of the					Н
Teceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be rece it the Co sign of he static ion's sig g a chec n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. fon (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable he station is licer	eadend, and ( enna, during o age (v) of the g system as a s nsed by the FC	2) it can certain s general eparate	be expected, tated intervals. instructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	<u>e/D</u>	LOCATION OF STATION	
	AM or FM	5/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
N/A								
						· <b>-</b>		

Accounting Peric						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Potlatch Telephone C	ompany					63864
I	SUBSTITUTE CARRIAGI	ify <i>every no</i> l accounting p	nnetwork televis eriod, under spo	<i>sion program,</i> broadcast by ecific present and former F0	a <i>distant</i> sta CC rules, reg	ulations, or authorization	s. For a further
Substitute	explanation of the programm	ning that mu	st be included in	n this log, see page (v) of th	e general ins	tructions in the paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did you	ur cable systen	n carry, on a substitute bas	sis, any nonr	network television progr	am
Program Log	broadcast by a distant sta	ition?				YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer is	"Yes," you i	must complete the prog	ram
	log in block 2.			<b>o</b>			
	<ol> <li>LOG OF SUBSTITUTION</li> <li>In General: List each substituted in the second second</li></ol>	titute progra ace, please of every no distant state gulations, of ries like "mo Bulls." m was broa sign of the adcast stati nadian station th and day ve "5/7." es when the Example: a ter "R" if the and regulation	am on a separa add additional onnetwork televition and that your or authorization ovies" or "bask dcast live, enter station broadc on's location (toons, if any, the your system e substitute pro- a program carr e listed program ions in effect d	rows to the tables. vision program ("substitute our cable system substitute s. See page (v) of the ger etball." List specific progra er "Yes." Otherwise enter " asting the substitute progr he community to which the community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progr uring the accounting perio	program") t ed for the pro neral instruct m titles, for o No." am. e station is id program. U cable syste :15 p.m. to 6 amming that d; enter the l	hat, during the accounti ogramming of another s ions for further informat example, "I Love Lucy" censed by the FCC or, i entified). se numerals, with the m m. List the times accura 5:28:30 p.m. should be t your system was <i>requ</i> etter "P" if the listed pro	ng station sion. or n nonth ately
	effect on October 19, 1976		<b>, ,</b>				
	s	UBSTITUT	E PROGRAM			EN SUBSTITUTE AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
	N/A					_	
						_	
		]					
			·				
			·				
						_	

Accounting Period:	2023/01	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Potlatch Telephone Company	SYSTEM ID# 63864
<b>K</b> 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.         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.	smission service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>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.</li> </ul>	\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo accounting period is \$52.00	r 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>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)
	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 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)
	1. Enter the amount of gross receipts from space K	_
	2. Base amount under statutory formula \$ 263,800.00	_
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	



SYSTEM ID 63864
arried television broadcast stations g the accounting period.
22 153
fy an individual to whom
Telephone (608) 886-8210
Fax (optional)
e with Copyright Office regulations) ystem as identified in line 1 of space B; or ized agent of the owner of the cable system as identified r hip) of the legal entity identified as owner of the cable system Il statements of fact contained herein re made in good faith.

X /s/ Sharon V. Tisdale
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed name: Sharon V. Tisdale
Title: Assistant Treasurer (Title of official position held in corporation or partnership)
Date: August 11, 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.

bittatch Telephone Company 638 <b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. <sup>o</sup> 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 carrier (s) below. <b>STES.</b> Enter the total here and list the satellite carrier(s) below. <b>SIME SIME SIME</b> <p< th=""><th>ounting Period: 2023/01</th><th>FORM SA1-2E. PAGE 8</th></p<>	ounting Period: 2023/01	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT AC OF CREANING GROSS RECEIPTS EXCLUSIONS ITS statelish home Vewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sections and amounts collected from subcording transmissions pursuant to section 119. For more information on when to exclude these amounts, see the note on page (wil) of the general instructions located in the paper SA1-2 form. In the total neares the statellite carrier(s) below. In the colle system or underpayment. In the total here and list the statellite carrier(s) below. Interest ASSESSMENT You must complete this worksheet for the sum here Line 1. Enter the amount of late payment or underpayment. For an explanation of interest assessment, see page (will) of the general instructions located in the paper SA1-2 form. Line 1. Enter the amount of late payment or underpayment. Line 2. Multiply line 1 by the interest rate <sup>1</sup> and enter the sum here Summary and enters the statellite and enter the sum here Summary and enters the state of the state and enter the sum here Summary and enters the state chart click on www. copyright gov/kicenalg/infreest-rate gdf. For further assistance please contact the Licensing Division of (202) 773-810 or interest assessment for one day late. NOTE: If you are fling this worksheet covening 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 fling.	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The statistic Home Verwer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:       IP         Service of providing secondary transmissions opimary broadcast transmitter, the system of not include sub-scripters and amounts collected from subscripters receiving secondary transmissions pursuant to section 119.°       Point Secondary transmissions pursuant to section 119.°         For more information on when to exclude these amounts, see the note on page (wi) of the general instructions located in the pager SA1-2 form.       Image: Comparing the secondary transmissions pursuant to section 119.°         More       Maing Address       Image: Comparing the secondary transmissions pursuant to approxement.       Image: Comparing the secondary transmissions pursuant to section 119.°         Norre       Maing Address       Image: Comparing the secondary transmissions pursuant to section 110.°       Image: Comparing the secondary transmissions pursuant to section 110.°       Image: Comparing the secondary transmissions pursuant to section 110.°         Norre       Maing Address       Image: Comparing the secondary transmissions pursuant to section 110.°       Image: Comparing the secondary transmissions pursuant to section 110.°       Image: Comparing the secondary transmissions pursuant to section 110.°       Image: Comparing the secondary transmissions pursuant to section 110.°       Image: Comparing the secondary transmissions pursuant to section 110.°       Image: Comparing the secondary transmissions pursuant to section 110.°       Image: Comparing the secondary transmissions pursuant to secondary transmissions pursuant to secondary transmissio	tlatch Telephone Company	6386
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Maring Address         Maining Address       Maring Address         INTEREST ASSESSMENT       Maring Address         You must complete this worksheet for those royally 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.       Interest Assessment         Line 1 Enter the amount of late payment or underpayment	<ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> </ul>	- Special Statement Concerning Gross Receipts Exclusion
Name       Name         Maling Address       Maling Address         INTEREST ASSESSMENT       Maling 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.       Interest Assessment         Line 1       Enter the amount of late payment or underpayment.       x		
Mailing Address       Mailing Address       Image: Complete this worksheet for those royalty payments submitted as a result of a 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.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Poilton: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments and enter the sum here		
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To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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.		-
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**Privacy Act Notice**: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.