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

61722

			Return completed workbook			
STATEME	INT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:		
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		2/12/2024	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional)	Period 2 = July 1 - December 31			
Accounting Period						
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent co	-	iary of another corporation, give the full corp	orate title of		
Owner	List any other name or names under whi	er 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

 TCT WEST, Inc. And Tri County Telephone Association, Inc.

 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)

 MAILING ADDRESS OF OWNER OF CABLE SYSTEM

 1601 S Park Dr (Number, street, rural route, apartment, or suite number)

 Cody, WY 82414 (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.

C	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	4	IDENTIFICATION OF CABLE SYSTEM:
	I	TCT WEST, Inc. And Tri County Telephone Association, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
2	2	1601 S Park Dr (Number, street, rural route, apartment, or suite number)
		Cody, WY 82414 (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 sufficiency of the fling, a determination that would be made by a court of law.

0

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	TCT WEST, Inc. And Tri County Telephone Association, Inc.	61722
D Area	Instructions: List each separate community served by the cable system. A "communi separate and distinct community or municipal entity (including unincorporated com- 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	munities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	Basin	WY
Community	Hyattville Ton Sleen	WY WY
dd Rows as Necessary	Ten Sleep Lovell	WY
du Rows as Necessary	Burlington	WY
	Greybull	WY
	Shell	WY
	Meeteetse	WY
	Frannie	WY
	Byron	WY
	Deaver Powell	WY WY
	Cody	WY
	Forsyth	MT
	Hardin	MT

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	TCT WEST, Inc. And Tri County Telephone Association, Inc.									
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIBERS AND R	ATES						
E	In General: The information in sp		-		-					
. .	system, that is, the retransmission									
Secondary Transmission	about other services (including particular to a service of the accounting period					hose existi	ng on the			
Service: Sub-	Number of Subscribers: Both					le system,	broken			
scribers and	down by categories of secondary	transmission se	ervice. In general, y	ou can com	pute the number	r of subscri	bers in			
Rates	each category by counting the nu	-					charged			
	separately for the particular servi Rate: Give the standard rate cl						a and the			
	unit in which it is generally billed.	-	• •			-				
	category, but do not include disc	· · ·	,			, mann a p				
	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 cal			••		•				
	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.	nd rates, in the	right-hand block. A	two- or three	e-word description	on of the se	ervice is			
		DCK 1				BLOC	(2			
					NO. OF	D 4 T				
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS RATE	CAI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Service to first set	1	,747 42.00							
	Service to first set Service to additional set(s)		,747 42.00							
	• FM radio (if separate rate) Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO									
F	In General: Space F calls for rate									
•	not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services									
Services	furnished at cost or (2) services of	•	•	•		0 ()				
Other Than	amount of the charge and the un	it in which it is u	sually billed. If any	rates are ch	arged on a varia	able per-pro	ogram basis,			
Secondary	enter only the letters "PP" in the rate column.									
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
Nates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description									
		BLOC	K 1				BLOCK 2	BLOCK 2		
	CATEGORY OF SERVICE	RATE (CATEGORY OF SE	RVICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		nstallation: Non-re	sidential						
	• Pay cable		 Motel, hotel 							
	Pay cable—add'l channel		Commercial							
	Fire protection		 Pay cable 							
	 Burglar protection 		 Pay cable-add'l 	channel						
	Installation: Residential		 Fire protection 							
	First set		Burglar protection	n						
	 Additional set(s) 		Other services:							
	 FM radio (if separate rate) 		Reconnect							
	Converter		 Disconnect 							
			 Outlet relocation Move to new address 							

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID
Name	TCT WEST, Inc. And	Tri County Telephone Associati	on, Inc.	6172
	PRIMARY TRANSMITTERS:			
G rimary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station 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 t Column 4: Give the location	also in space I, if the station was carried on 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 part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF -air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepen- tre-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КНМТ	4	N	Dilling of MT
				Billings. MI
	KSVI	6	N	Billings, MT Billings, MT
vs as Necessary	KSVI KCWC	6 4	N	Billings, MT
rs as Necessary				Billings, MT Billings, MT
s as Necessary	ксwс	4	E	Billings, MT Billings, MT Lander, WY
is Necessary	KCWC KULR	4 8	E N	Billings, MT Billings, MT Lander, WY Casper, WY
as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY
s as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY
rs as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY
is as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY
is as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY
is as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY
is as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY
is as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY
is as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY
is as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY
is as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY
is as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY
is as Necessary	KCWC KULR KCWY	4 8 13	E N N	Billings, MT Billings, MT Lander, WY Casper, WY

EGAL NAME OF			YSTEM: ty Telephone Association	on, Inc.				SYSTEM IE 6172
PRIMARY TRA								
n General: Lis	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable 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 prmation abou rm. dentify the call tate whether to the radio stati this by placing sive the station	y the sys be receivent t the Co sign of e he statio on's sign g a check o's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM anter his point, see page ed by the cable sy e station is licens	adend, and (2) nna, during ce ye (v) of the ge ystem as a se ed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters: Radio
		<u> </u>						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
		L						

Accounting Perio	od: 2023/2					FC	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:				SYSTEM ID#
Name	TCT WEST, Inc. And T	ri County	Telephone /	Association, Inc.			61722
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ad	fy every nor	nnetwork televis	<i>ion program,</i> broadcast by	a distant statio		
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of th	e general instru	uctions in the paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	• During the accounting per	iod, did you	ır cable system	carry, on a substitute bas	sis, any nonne	twork television progra	am
Program Log	broadcast by a distant stat	tion?				YES	× NO
	Natas If	, I			"X "		-
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	"Yes," you mi	ust complete the progr	am
	log in block 2.						
	 LOG OF SUBSTITUTE In General: List each substiclear. If you need more spaticlear. If you need more spatial column 1: Give the title period, was broadcast by a under certain FCC rules, red not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a was substituted for program for the column 7: Do the nearest for the nearest	itute progra ce, please of every no distant stat gulations, c ies like "mo Bulls." n was broa sign of the adian statio th and day re "5/7." es when the Example: a er "R" if the and regulation ming that y	am on a separa add additional i nnetwork telev ion and that yo or authorization wies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the ger itball." List specific progra r "Yes." Otherwise enter " asting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for prograving the accounting perior	program") that ed for the prog- neral instructio m titles, for ex No." am. e station is licer program. Use cable system :15 p.m. to 6:2 ramming that y d; enter the left	at, during the accounting ramming of another stores for further information ample, "I Love Lucy" of the numerals, with the model of the times accura the state times accuration the times accuration the times accuration the times accuration the state times accuration the	ng tation ion. or n onth tely red
	effect on October 19, 1976.		TE PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR
	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
						_	
						_	
						_	
						_	
						-	
						_	
						_	
						_	
						—	
1	Г	1	·r			Т	

Accounting Period:	2023/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TCT WEST, Inc. And Tri County Telephone Association, Inc.			S	61722 65YSTEM
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 sy (as identified 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	ystem's se n of how to	condary transm compute this a	ission service mount, see \$ 46	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more inf	out less that		263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for tl	his 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 LES	S (but mo	re 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	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	466,449.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	202,649.00		
	4. Multiply line 3 by .01		\$	2,026.49	
	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	·····	\$	3,345.49
	FILING FEE AND TOTAL REMITTANCE DUE	<u> </u>			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · · · · · · · · ·	\$	3,345.49	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .	· · · · · · · · · · · · ·	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,365.49
	EFT Trace # or TRANSACTION ID #	tracking ic	1: 27BQM81G		
	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:	2023/2				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: nc. And Tri County Telepho	ne Association, Inc.		SYSTEM ID# 61722
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	ers, and (2) the cable system's stal number of channels on whic ried television broadcast station stal number of activated channe e cable system carried televisio	s	ccounting period.	6 173
N Individual to Be Contacted		TO BE CONTACTED IF FURTI	HER INFORMATION IS NEEDED (Identify an ir int.)	dividual to whom	
for Further Information	Name	Paula T. Riley		Telephone	307-568-2427
	Address	1601 S Park Dr (Number, street, rural route, apart Cody, WY 82414 (City, town, state, zip)	ment, or suite number)		
	Email	paula.riley@tct	staff.com	Fax (optional 307-568-3012	
	CERTIFICATION	I (This statement of account m	ust be certified and signed in accordance with C	copyright Office regulations)	
O Certification		ned, hereby certify that (Check on the other other than corporation or p	ne, <i>but only one</i> , of the boxes.) • artnership) I am the owner of the cable system a	s identified in line 1 of space B;	or
		in line 1 of space B and that th	ation or partnership) I am the duly authorized ag e owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of th		
	are true, comp	ed the statement of account and	hereby declare under penalty of law that all staten y knowledge, information, and belief, and are mac		
			X /s/ Paula T. Riley Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed	name: Paula T. Riley		
		Title:	Controller te of official position held in corporation or partnership)		
		Date:		2/12/2024	

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	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
WEST, Inc. And Tri County Telephone Association, Inc.	6172
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 fol- lowing 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	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
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	ys
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	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
(interest charge) * 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.	
 (interest charge) * 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 	

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.